



Adair County SB40 Developmental Disability Board

Employment Application

Youth L.I.F.E. Program Staff

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: () E-mail Address: _____

Date Available: _____ Social Security No.: _____

Position(s) Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Do you have a driver's license and reliable transportation? YES NO

Education

High School:	Address:			
From: To:	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree:	
College:	Address:			
From: To:	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree:	
Other:	Address:			
From: To:	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree:	

References

Please list three professional references.

Full Name:	Relationship:
Company:	Phone: ()
Address:	

Full Name:	Relationship:
Company:	Phone: ()
Address:	

Full Name:	Relationship:
Company:	Phone: ()
Address:	

Previous Employment

Company: _____ Phone: () _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact this employer for a reference? YES NO

Company: _____ Phone: () _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact this employer for a reference? YES NO

Company: _____ Phone: () _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact this employer for a reference? YES NO

Programming Experience/Interest

Please describe your past experience with individuals with developmental disabilities and/or youth programs. If no past experience, please describe the reasons for your interest in this position:

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____