

EDUCATIONAL BACKGROUND

Indicate Highest Level of Education Completed:				
Name of High School/College/University	Location	Hours Completed	Degree Earned	Major or Specialty
Other (i.e., vocational, technical, business, etc.)				

EMPLOYMENT AND VOLUNTEER EXPERIENCE

In the section below, please describe your experience/work history (including pertinent volunteer experience), beginning with your current or most recent position. *You should emphasize work experience most pertinent to the position for which you are applying.* Describe all paid, military, and applicable volunteer experience. Please indicate number of pages of attachments: _____
 If more space is needed, please make copies of the next page of this form.

PLEASE NOTE: While you are encouraged to attach a copy of your resume, RESUMES WILL NOT BE ACCEPTED IN PLACE OF A FULLY COMPLETED APPLICATION FORM. I have attached a copy of my current resume.

Job Title:		Immediate Supervisor:	
Employer:		Address:	
Phone:	Fax:	Type of Business:	
Dates of Employment - From: _____ To: _____		Hours/Week: _____ Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>	
Reason for Leaving:		Volunteer <input type="checkbox"/> Current Salary:	
May we contact your current employer? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Job Duties:			

Job Title:		Immediate Supervisor:
Employer:		Address:
Phone:	Fax:	Type of Business:
Dates of Employment - From: _____ To: _____		Hours/Week: _____ Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>
Reason for Leaving:		Volunteer <input type="checkbox"/> Current Salary: _____
May we contact your current employer? Yes No Job Duties:		

Job Title:		Immediate Supervisor:
Employer:		Address:
Phone:	Fax:	Type of Business:
Dates of Employment - From: _____ To: _____		Hours/Week: _____ Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>
Reason for Leaving:		Volunteer <input type="checkbox"/> Current Salary: _____
May we contact your current employer? Yes No Job Duties:		

Job Title:		Immediate Supervisor:
Employer:		Address:
Phone:	Fax:	Type of Business:
Dates of Employment - From: _____ To: _____		Hours/Week: _____ Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>
Reason for Leaving:		Volunteer <input type="checkbox"/> Current Salary: _____
May we contact your current employer? Yes No Job Duties:		

Job Title:		Immediate Supervisor:
Employer:		Address:
Phone:	Fax:	Type of Business:
Dates of Employment - From: _____ To: _____		Hours/Week: _____ Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>
Reason for Leaving:		Volunteer <input type="checkbox"/> Current Salary: _____
May we contact your current employer? Yes _____ No _____		
Job Duties:		

PROFESSIONAL AND WORK REFERENCES (No Relatives)

NAME	CONTACT – Phone Number	RELATIONSHIP – How this person knows you

PRIVACY ACT NOTICE

All or part of your completed employment forms may be disclosed outside the Human Resources Department to the following:

1. AYSP departments and hiring supervisors, upon request, for a list of eligible persons to consider for employment, reinstatement, transfer, promotion, demotion, or other employment action.
2. Private, State, and/or Federal agency investigators to determine your suitability for employment.
3. Federal, State, or local agencies, to create other personnel records, after you have been employed by AYSP.
4. Appropriate Federal, State, or local law enforcement and regulatory agencies charged with the responsibility of investigating a violation of the law.
5. A requesting Federal, State, or local agency to the extent the information is relevant to the requesting agency's decision.
6. Anyone requesting statistical information (without your personal identification) and for statistical reporting within the confines of AYSP.
7. Persons, firms or agencies asserting claims or suits against AYSP, to public agencies conducting investigations into AYSP operations, and to Courts, when required by law.

CERTIFICATION

PLEASE READ CAREFULLY BEFORE SIGNING THIS APPLICATION

I understand that in order for my application to be considered, the following Affirmations must be checked.

I certify that the information I provide in this application (including attachments) is complete, accurate, true to the best of my knowledge, and current as of the date below. I certify that I have the legal right to accept employment in this state, and that I will produce, at or before the date of hire, proof of same (in the form of _____). I further certify that this Application and attachments include no willful misrepresentations or omissions of material fact. I understand that material misrepresentations or omissions are a basis for AYSP to reject my application. I understand that material misrepresentations or omissions discovered after I am employed by AYSP are a basis for immediate termination from employment. I understand and agree to sign a facsimile of this form prior to employment if requested to do so. I hereby agree to notify Human Resources of any change of address, and understand that failure to do so may result in my name being removed from consideration for employment. I agree that information regarding my current or former employment by AYSP may be released as necessary for the sole purpose of determining my eligibility for reemployment, transfer, or promotion. I agree specifically to each of the following by checking the boxes below:

- I authorize AYSP and/or its agents, including consumer reporting bureaus, to verify any and all information in my application for employment.
- I authorize all former employers, persons, schools, companies and law enforcement authorities to release any and all information concerning my background and hereby release any said persons or entities from any liability for any damages whatsoever for providing such information.
- I understand that the use of illegal drugs is prohibited. In accordance with AYSP policy, I hereby agree to submit to drug testing to detect the use of illegal drugs, prior to or during employment, at AYSP expense.
- I certify that I have read the description for each position I am applying for, and that I am fully capable of performing the essential functions of the position either with or without a reasonable accommodation, as determined by AYSP.
- If employed, I agree to abide by AYSP policies and procedures.
- I understand and agree that my employment with AYSP is at-will, meaning that I have the right to end my work relationship with AYSP with or without advance notice or cause, and that AYSP has the same right to terminate my employment with or without advance notice or cause.
- I understand that an offer and acceptance of employment is not a contract for employment and that no representative has authority to make any agreement contrary to the above except as authorized and approved by/on behalf of the President of the Board of Directors. Any employment agreement will only be valid and binding when it is expressly set forth in a written document signed by an authorized representative of AYSP and by myself.

By checking this box, you are certifying that you have read and agreed to all of the terms of the above statement.

SIGNATURE OF APPLICANT: _____ DATE: _____

ORIGINAL SIGNATURE AND DATE IS REQUIRED PRIOR TO ACTUAL HIRE

AYSP complies with EEO/ADA guidelines and is a drug-free workplace.