

AHM Youth and Family Services EMPLOYMENT APPLICATION

Date: _____

Full Name: _____

Home Phone: _____ Cell Phone: _____

Home Address: _____

Email Address: _____

Position Applied for: _____ Source of Referral: _____

EDUCATION:

| | Dates Attended | Name & Location | Degree/Area of Study |
|-------------|----------------|-----------------|----------------------|
| High School | | | |
| College | | | |
| Other | | | |

Certification: _____ License# _____ State: _____

PREVIOUS EMPLOYMENT:

| Dates of Employment | Name & Address of Employer | Telephone# | Reason for Leaving |
|---------------------|----------------------------|------------|--------------------|
| | | | |
| | | | |
| | | | |

May we contact your present employer? Yes No

Have you served on the AHM Board of Directors within the last five years? Yes No

Are you related to any member of the AHM staff or Board? Yes No

PLEASE LIST 3 REFERENCES: (at least one from a previous employer)

| Name | Relationship to Applicant | Address | Phone No. |
|------|---------------------------|---------|-----------|
| | | | |
| | | | |
| | | | |

Signature of Applicant: _____ **Date:** _____

Please Attach a Photocopy of Your Driver's License and Social Security Card.