

# APPLICATION FOR EMPLOYMENT



We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, veteran status, or any other legally protected status.

**Instructions: Please complete this form by computer. Save the file to your computer, complete it, save it again and print to return in person or email to [info@yquest.org](mailto:info@yquest.org)**

**A signature will be required for applications submitted electronically prior to an offer of employment.**

<b>Position(s) Applied For</b>				<b>Date of Application</b>			
<b>How Did You Learn About Us?</b>							
Advertisement		Friend		Inquiry			
Employment Agency		Relative		Other			
<b>Last Name</b>		<b>First Name</b>			<b>Middle Name</b>		
<b>Address</b>		<b>Number &amp; Street:</b>		<b>City:</b>		<b>State:</b>	<b>Zip Code:</b>
<b>Primary Phone # (include area code):</b>				<b>Secondary Phone #</b>			
<b>Email Address</b>							
<b>Best time to contact you is:</b>				<b>AM</b>		<b>PM</b>	
<b>If you are under 18 years of age, can you provide required proof of your eligibility to work?</b>						<b>Yes</b>	<b>No</b>
<b>Have you ever filed an application with us before?</b>				<b>Yes (If Yes, Date):</b>		<b>No</b>	
<b>Have you ever been employed with us before?</b>				<b>Yes (If Yes, Date):</b>		<b>No</b>	
<b>Do any of your friends or relatives, other than spouse, work here?</b>						<b>Yes</b>	<b>No</b>
<b>If Yes, state name, relationship and location</b>							
<b>Are you currently employed?</b>						<b>Yes</b>	<b>No</b>
<b>May we contact your present employer?</b>						<b>Yes</b>	<b>No</b>
<b>Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?</b> <i>Proof of citizenship or immigration status will be required upon employment.</i>						<b>Yes</b>	<b>No</b>
<b>Date available for work</b>				<b>What is your desired salary range?</b>			
<b>Are you available to work:</b>		Full Time	Please indicate shift – 1, 2, 3:				
		Part Time	Please indicate Mornings, Afternoon, Evenings:				
		Temporary	Please indicate dates available:				
<b>Are you currently on “lay-off” status and subject to recall?</b>						<b>Yes</b>	<b>No</b>
<b>Can you travel if a job requires it?</b>						<b>Yes</b>	<b>No</b>

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

## EDUCATION

School	Name and Address Of School	Course of Study	# of Years Completed	Diploma / Degree
High School				
Undergraduate College				
Graduate/ Professional				
Other (Specify)				

## WORK EXPERIENCE **Complete this section if we do not have a current resume on file.**

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Dates Employed		Work Performed			
	From	To				
Address						
Telephone Number(s)	Hourly Rate/Salary					
	From	To				
Starting/Present Job Title						
Supervisor			May we contact?		Yes	No
Reason for Leaving						

Employer	Dates Employed		Work Performed			
	From	To				
Address						
Telephone Number(s)	Hourly Rate/Salary					
	From	To				
Starting/Present Job Title						
Supervisor			May we contact?		Yes	No
Reason for Leaving						

Employer	Dates Employed		Work Performed			
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Supervisor			May we contact?		Yes	No
Reason for Leaving						

Employer	Dates Employed		Work Performed			
	From	To				
Address						
Telephone Number(s)	Hourly Rate/Salary					
	From	To				
Starting/Present Job Title						
Supervisor			May we contact?		Yes	No
Reason for Leaving						

**Comments: Include explanation of any gaps in employment.**

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**Describe any specialized training, apprenticeship, skills and extra-curricular activities.**

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**Describe any job-related training received in the United States military.**

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**List professional, trade, business or civic activities and offices held.**

*You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:*

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**ADDITIONAL INFORMATION**

**Other Qualifications** *Summarize special job-related skills and qualifications acquired from employment or other experience.*

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**SPECIALIZED SKILLS (Skills/Equipment Operated)**

				Production/Mobile Machinery (list)	Other (list)
Terminal		Spreadsheet			
PC/MAC		Word Processing			
Typing		Shorthand			
WPM		WPM			

*State any additional information you feel may be helpful to us in considering your application.*

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**Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.**

Can you perform the essential functions of the job for which you are applying, either with or without a reasonable accommodation:		Yes		No
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**Complete the References section if this was not included with your resume.**

**THREE CURRENT REFERENCES** *Do not include family members or past supervisors.*

	Name	Phone Number	Best Time to Call	Occupation
Personal				
Professional				
Community				

## APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

**Signature Required. If Application is submitted electronically, a signature will be required prior to an offer of employment.**

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*Signature of Applicant*

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*Date*

*Remember to save your application to your computer before printing or emailing.*