



## PERSONAL – Employment Information

- List below the last three (3) employers, starting with the most recent one first.
- Please complete even if you are attaching your resume.

Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ Job Title: \_\_\_\_\_

Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Salary: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

May we contact this employer? Yes \_\_\_ No \_\_\_

Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ Job Title: \_\_\_\_\_

Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Salary: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

May we contact this employer? Yes \_\_\_ No \_\_\_

Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ Job Title: \_\_\_\_\_

Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Salary: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

May we contact this employer? Yes \_\_\_ No \_\_\_

## PERSONAL - Education

	Name & Address of School	Graduated? Yes/No	Date Attended From      To		Major Field of Study	Degree Earned?
High School						
College						
Graduate School						
Other						

List professional License/Certification: \_\_\_\_\_

List professional societies, memberships & offices held: \_\_\_\_\_

### U.S. Military Service:

Branch \_\_\_\_\_ Final Rank \_\_\_\_\_ Period of Service \_\_\_\_\_ to \_\_\_\_\_

Do you have knowledge of a physical or mental condition which would, should you be hired, affect your ability to perform duties and responsibilities of the role for which you are applying? Yes \_\_\_ No \_\_\_. If yes, please explain \_\_\_\_\_

\_\_\_\_\_

Please complete the information below, if applicable.

Typing speed (wpm): \_\_\_\_\_

Computer    Yes \_\_\_ No \_\_\_    Software: \_\_\_\_\_

Graphics     Yes \_\_\_ No \_\_\_    Software: \_\_\_\_\_

Other (please describe): \_\_\_\_\_

### REFERENCES:

- List three (3) references who have known you for at least 3 years.
- Please include one spiritual, one professional and one personal.

Name	Address	Phone	Occupation

**CHRISTIAN EXPERIENCE**

Have you ever worked at a summer camp? \_\_\_\_\_ If so, when? \_\_\_\_\_

Briefly describe your previous summer camp involvement.

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What does your present involvement in education/ youth development include?

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*I hereby certify that the information contained in this application and any attachments is true to the best of my knowledge and agree to have any of the statements checked by The Youth Development Institute unless I have indicated otherwise. References listed above are hereby authorized to provide any and all information concerning my previous employment and any pertinent information they may have to the Youth Development Institute. Further, I release all parties from all liability for any damage that may result from use of such information by The Youth Development Institute. I understand that any misrepresentation, falsification or material omission of information may result in my failure to receive an offer, or, if I am hired, in my dismissal for employment.*

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_



# Youth Development Institute

## Pre-Employment Inquiry Release

**I**n connection with, and for the duration of my employment (including contract for services) with you, I understand that investigative background inquiries are to be made on myself including consumer, criminal, driving, and other reports. These reports will include information as to my character, work habits, performance, and experience along with reasons for termination of past employment from previous employers. Further, I understand that you will be requesting information from various federal, state, and other agencies which maintain records concerning my past activities relating to my driving, consumer, civil and other experiences as well as claims involving me including the files of insurance companies.

I authorize, without reservation, any party or agency contacted by this employer to furnish the above mentioned information:

Print full name: \_\_\_\_\_

Social Security Number: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of birth:\* \_\_\_\_/\_\_\_\_/\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Driver License Number: \_\_\_\_\_ State: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Prospective Employer: Youth Development Institute

\*Date of Birth is being requested in order to obtain accurate retrieval of records.