

LARAWAY YOUTH & FAMILY SERVICES

PO Box 621 Johnson, VT 05656

Employment Application

		Αp	plican	Informat	ion							
Full Name:				Date:								
Addross:	Last	Fil	rst			М.І.						
Address: _	Street Address					Apar	rtment/Uni	t #				
Phone: (City)	E-mail Address:		ss: _	State	9	ZIP Cod	de				
Date Availa	ble:	<u> </u>				_ Desired	Salary:	_\$				
•	ployment	YES States? YES YES	NO NO NO	If no, are	you au		·	-	YES	NO		
Have you e felony? If yes, explain:	ver been convicted o	of a YES	NO	How were	you re	eferred to us	s?					
		First M.I.										
High Schoo	ol:	A	Address	:								
From:	To:	Did you gra	duate?	_		Degree:						
College:		A	Address									
From:	To:	Did you gra	duate?	YES		Degree:						
Other:		A	Address		NO							
From:	To:	Did you gra	duate?		_	Degree:						
			Refe	erences								
)				

LYFS is an Equal Opportunity Employer and does not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

Previous Employment									
Company:	_ Phone:)						
Address:	Sur	pervisor:							
Job Title: Starting Salary:	\$		Ending Salary:	\$					
Responsibilities:									
From: To: Reason for Leaving:									
May we contact your previous supervisor for a reference?	NO								
Company:	_ Phone:	_()						
Address:	Sup	pervisor:							
Job Title: Starting Salary:	\$		Ending Salary:	\$					
Responsibilities:									
From: To: Reason for Leaving:									
May we contact your previous supervisor for a reference?	NO								
Company:	_ Phone:	_()						
Address:	Sup	pervisor:							
Job Title: Starting Salary:	_\$		Ending Salary:	_ \$					
Responsibilities:									
From: To: Reason for Leaving:									
May we contact your previous supervisor for a reference?	NO								
Disclaimer and Sig	ınature								
I hereby authorize LYFS to contact, obtain, and verify the accuracy of information of educational institutions, and references. I also hereby release from liability LYFS a information to make employment decisions and all other persons or organizations from	and its repres	entatives	for seeking, gatherin						
If I am employed, I acknowledge that there is no specified length of employment are contract for employment. Accordingly, either the employer or I can terminate the rethere is no violation of applicable federal or state law.	nd that this ap elationship at	oplication of will, with	does not constitute a or without cause, at a	n agreement or any time, so long as					
I understand that it is the policy of this organization not to refuse to hire or otherwis because of that person's need for a reasonable accommodation as required by the		te against	a qualified individual	with a disability					
I understand that if I am employed, I will be required to provide satisfactory proof of hired. Failure to submit such proof within the required time shall result in immediate				three days of being					
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 inform	nation in my a	application	or interview may res	sult in my release.					
Signature:			Date [.]						