



National Youth Advocate Program Employment Application

Date: _____

Job Title: _____

Desired Pay: \$ _____ ☐ Per Hour ☐ Per Year

Earliest Available Start Date: _____

Personal Information

Legal First Name: _____

Legal Last Name: _____

Street Address: _____

Apt/Unit: _____

City: _____

State: _____

Zip Code: _____

Primary Telephone Number: (_____) _____ - _____

☐ Home

☐ Cell

Secondary Telephone Number: (_____) _____ - _____

☐ Home

☐ Cell

Email Address: _____

Application Questions

Are you currently employed? ☐ Yes ☐ No

If yes, please list your current employer: _____

Are you able to provide at least 5 (five) years of professional employment? ☐ Yes ☐ No

If no, please explain: _____

Are you 18 years of age or older? ☐ Yes ☐ No

If no, can you furnish a work permit? ☐ Yes ☐ No

You are apply for: ☐ Full Time ☐ Part Time ☐ Contingent

Do you currently possess a current driver's license? ☐ Yes ☐ No

Have you previously filled out an application with NYAP (National Youth Advocate Program)? ☐ Yes ☐ No

If yes, please give date(s) and position(s): _____

Have you ever worked for NYAP (National Youth Advocate Program)? ☐ Yes ☐ No

If yes, please give date(s) and position(s): _____

Are you related to any person currently employed with NYAP? ☐ Yes ☐ No

If yes, please give the name(s) and relation(s): _____

How did you hear about this opportunity? _____

If employee referral, please list the name(s): _____

Will you now or in the future require sponsorship for employment VISA status? ☐ Yes ☐ No

Work Authorization: ☐ Authorized to work for any employer ☐ Authorized to work for present employer only

☐ I require sponsorship to work in this country

☐ My status to work in this country is unknown

Employment History

(Please list 5 most recent employers, beginning with the most current)

Employer 1: _____

Job Title: _____

Start/End Dates: _____

Responsibilities: _____

Ok to contact this employer?

☐ Yes

☐ No

If yes: Supervisor Name: _____

Contact Number: _____

Employer 2: _____

Job Title: _____

Start/End Dates: _____

Responsibilities: _____

Ok to contact this employer?

☐ Yes

☐ No

If yes: Supervisor Name: _____

Contact Number: _____

Employer 3: _____

Job Title: _____

Start/End Dates: _____

Responsibilities: _____

Ok to contact this employer?

☐ Yes

☐ No

If yes: Supervisor Name: _____

Contact Number: _____

Employer 4: _____

Job Title: _____

Start/End Dates: _____

Responsibilities: _____

Ok to contact this employer?

☐ Yes

☐ No

If yes: Supervisor Name: _____

Contact Number: _____

Employer 5: _____

Job Title: _____

Start/End Dates: _____

Responsibilities: _____

Ok to contact this employer?

☐ Yes

☐ No

If yes: Supervisor Name: _____

Contact Number: _____

Education

Highest Level of Completed Education: ☐ High School Diploma

☐ GED

☐ Associates' Degree

☐ Bachelor's Degree

☐ Masters' Degree

☐ Other: _____

High School Name: _____

City/State: _____

Completion Year: _____

College/University: _____

City/State: _____

Completion Year: _____

Major: _____

Degree: _____

Graduate University: _____

City/State: _____

Completion Year: _____

Major: _____

Degree: _____

Professional References

(Please provide at least 3 professional references including contact information)

Reference 1: _____

Company: _____

Years Known: _____

Telephone Number: (_____) _____ - _____

Email: _____

Reference 2: _____

Company: _____

Years Known: _____

Telephone Number: (_____) _____ - _____

Email: _____

Reference 3: _____

Company: _____

Years Known: _____

Telephone Number: (_____) _____ - _____

Email: _____

Reference 4: _____

Company: _____

Years Known: _____

Telephone Number: (_____) _____ - _____

Email: _____

Applicant Statement

I certify that my answers to all questions are true and correct without any consequential omissions of any kind whatsoever. I understand that if I am employed, any false, misleading, or otherwise incorrect statements made on this application or during the pre-employment process may be grounds for my immediate termination. FOR THIS TYPE OF EMPLOYMENT, STATE LAW REQUIRES A CRIMINAL RECORD CHECK AS A CONDITION FOR EMPLOYMENT.

Signature: _____

Date: _____

Voluntary Self-Identification Information

Why are we asking?

We are obliged to file this information periodically with various government agencies for statistical reports.

How will this information be used?

Entering this information is voluntary. This information will not affect the decision regarding your application for employment, and it will be kept confidential.

Gender: ☐ Male ☐ Female ☐ Not Specified

Ethnicity: ☐ Hispanic or Latino ☐ Non-Hispanic or Latino

Race: ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander ☐ Two or More Races ☐ White

☐ I decline to identify my race and ethnicity

Protected Veteran Status

Why are we asking?

If this employer is a federal contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act (VEVRAA) of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAAA), it is required to take affirmative action to employ and advance in employment: (1) Disabled veterans; (2) Recently separated veterans; (3) Active duty wartime or campaign badge veterans; and (4) Armed forces service medal veterans.

How will this information be used?

If this employer is a government contractor subject to VEVRAA, this information will be used to measure the effectiveness of its outreach and positive recruitment efforts it undertakes pursuant to VEVRAA. This information is being requested on a voluntary basis and will be kept confidential as required by the law. Refusal to provide the requested information will not subject you to any adverse treatment. If provided, this information will not be used in a manner inconsistent with VEVRAA.

What is protected veteran?

Disabled Veteran: (a) A veteran of the U.S. military, ground, naval, or air service entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or (b) A person discharged or released from active duty because of a service-connected disability.

Recently Separated Veterans: Any veteran during the three-year period beginning on the date of such veterans discharge or release from active duty in the U.S. military, ground, naval, or air services.

Active Duty Wartime or Campaign Badge Veterans: A veteran who served on active duty in the U.S. military, ground, naval, or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

Armed Forces Service Medal Veterans: A veteran who, while serving on active duty in the U.S. military, ground, naval, or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to the Executive Order 12985.

☐ I am not a protected veteran ☐ I identify myself as one or more of the classifications of a protected veteran

☐ I decline to self-identify

Section 503 Disability Status

If this employer is a federal contractor, and you are unable to complete this application due to a disability, contact this employer to ask for an accommodation or an alternative application process. Completing this form is voluntary and any answer given will be kept private and will not be used against you in any way.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. Disabilities include, but not limited to: **Blindness, Deafness, Cancer, Diabetes, Epilepsy, Autism, Cerebral palsy, HIV/AIDS, Schizophrenia, Muscular dystrophy, Bipolar disorder, Major depression, Multiple sclerosis (MS), Missing limbs or partially missing limbs, Post-traumatic stress disorder (PTSD), Obsessive compulsive disorder, Impairments requiring the use of a wheelchair, or Intellectual disability.**

☐ Yes, I have a disability (or previously had a disability) ☐ No, I do not have a disability

☐ I decline to self-identify

email completed application to: hr@nyap.org