

EMPLOYMENT / JOB APPLICATION

PERSONAL INFORMATION

LEGAL NAME: _____ **DATE:** _____
First Middle Last

CHOSEN NAME (If Applicable): _____

I AM WITHIN THE AGES 14-21: YES NO

CURRENTLY RESIDING IN: Albany, NY Hudson, NY Troy, NY

ADDRESS: _____
Street Address Apt/Suite

City State Zip Code

E-MAIL: _____ **PHONE:** _____

SOCIAL SECURITY NUMBER (SSN): ____ - ____ - ____ (18+ Only)

I AM CURRENTLY:

A high school student

A college student

Working

None of the above

EDUCATION

HIGH SCHOOL: _____ **CITY / STATE:** _____

FROM: _____ **TO:** _____

GRADUATE? YES NO **DIPLOMA:** _____

COLLEGE: _____ **CITY / STATE:** _____

FROM: _____ **TO:** _____

GRADUATE? YES NO **DEGREE:** _____

OTHER: _____ **CITY / STATE:** _____

FROM: _____ **TO:** _____

DEGREE/CERTIFICATION: _____

OTHER: _____ **CITY / STATE:** _____

FROM: _____ **TO:** _____

DEGREE/CERTIFICATION: _____

MORE INFO ABOUT YOU

HAVE YOU EVER WORKED FOR THIS EMPLOYER? YES* NO

***IF YES, WRITE THE START AND END DATES:** _____

WE HAVE WEEKLY MEETINGS ON MONDAYS AND TUESDAYS FROM 4:00 PM – 6:00 PM. DO YOU HAVE OTHER OBLIGATIONS AT THAT TIME?

YES NO (IF NO) EXPLAIN: _____

HOW DID YOU HEAR ABOUT THE YHP PROGRAM?

Social Media

School

A Person Name: _____

Website

WHAT ABOUT THE JOB MAKES YOU INTERESTED?

WHAT DO YOU SEE AS THE BIGGEST ISSUES THAT YOUTH NEED TO FACE IN YOUR COMMUNITY AND HOW WOULD YOU CHANGE IT IF YOU HAD THE CHANCE?

WOULD YOU BE COMFORTABLE SPEAKING ON SEXUAL HEALTH TOPICS IN A PUBLIC SETTING?

WE OFTEN SPEAK ON VERY SENSITIVE TOPICS THAT CAN RESULT IN CONFIDENTIAL INFORMATION. DO YOU KNOW WHAT CONFIDENTIAL MEANS? WILL YOU BE ABLE TO MAINTAIN CONFIDENTIALITY?

REFERENCES

FULL NAME: _____ **RELATIONSHIP:** _____
First Last

COMPANY: _____ **TITLE:** _____

E-MAIL: _____ **PHONE:** _____

FULL NAME: _____ **RELATIONSHIP:** _____
First Last

COMPANY: _____ **TITLE:** _____

E-MAIL: _____ **PHONE:** _____

FULL NAME: _____ **RELATIONSHIP:** _____
First Last

COMPANY: _____ **TITLE:** _____

E-MAIL: _____ **PHONE:** _____

DISCLAIMER

Applicant understands that this is an Equal Opportunity Employer and committed to excellence through diversity. In order to ensure this application is acceptable, please print or type with the application being fully completed in order for it to be considered.

Please complete each section EVEN IF you decide to attach a resume.

“I certify that my answers are true and honest to the best of my knowledge.”

SIGNATURE _____ **DATE** _____

PRINT NAME _____