



Trinity Youth Development

Application

Applicant Information

Full Name: _____ Date of Birth: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Social Security #: _____ Driver's License #: _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been accused or convicted of a crime? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Email: _____

Address: _____



Trinity Youth Development

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Email: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Email: _____
Address: _____

Previous Employment

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO



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Additional Information

How did you learn about Trinity? _____

Why would you like to be a Trinity Youth Counselor? _____

What experience do you have working with children? _____

What experience do you have working in the human services or mental health fields? _____

Is there any additional information you think would be helpful to us in considering you for this position? _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to a contract for this position, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____