

LEAP Application

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For Youth LEAP Employee				Date of Application	
Last Name		First Name		Middle Name	
Address	Street	City	State	Zip Code	
Email Address					

Do you have a home telephone or a cell phone number? Yes No

If Yes, give number(s) Cell _____
House _____

Do you have a driver's license? Yes No

Do you have access to a vehicle? Yes No

Are you currently employed? Yes No

May we contact the people that you list on page 2 of this application for a reference? Yes No

Have you ever been convicted of a felony? Yes No

Conviction will not necessarily disqualify an applicant from employment.

If Yes, please explain _____

Education

	High School	Undergraduate College/University
School Name and Location		
Years Completed		
Describe Course of Study		
Extracurricular activities/ Sports		

References (Professional and/or personal)

Give name, address, telephone number, and relationship of two references

1. _____

2. _____

Employment/Volunteer Experience *if applicable*

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations, which indicate race, color, religion, gender, national origin, handicap or other protected status.

1.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone	Hourly Rate/Salary		
		Starting	Final	
	Job Title: Supervisor:			
	Reason for leaving			
2.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone	Hourly Rate/Salary		
		Starting	Final	
	Job Title: Supervisor:			
	Reason for leaving			

Special Skills and Qualifications

Summarize special skills and qualifications.

Applicant's Statement

I hereby affirm that the information provided on this Application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that any falsified information or significant omissions may disqualify me from further consideration for an internship or volunteer work and may be considered justification for dismissal if discovered at a later date.

I authorize a thorough investigation of my past employment and activities, agree to cooperate in such investigation and release from all liability or responsibility all persons and corporations requesting or supplying such information.

Signature	Date
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NOTES:
