

SEQUEL YOUTH SERVICES EMPLOYMENT APPLICATION

Sequel Youth Services is an equal opportunity employer and in conformity with applicable laws does not discriminate on the basis of race, color, religion, age, sex, national origin, marital status, veteran status, physical or mental disability, and any other impermissible criteria according to applicable law. No question on this application is intended to secure such information to be used for such discrimination. This application will be given every consideration but its receipt does not imply the applicant will be employed.

Please make sure that you complete this application entirely. Failure to do so will delay processing.

(Please Print)

GENERAL INFORMATION

Name:

_____ (Last) (First) (Middle)

Address:

_____ (Street) (Apt #) (City) (State) (Zip Code)

It is very important that we are able to contact you if necessary.

Home Telephone: _____ Cell Phone Number: _____

Email address: _____

If you have ever been known by any other name please list: Maiden: _____ Other: _____

Do you have any relatives or any other member of the same household employed by Sequel Youth Services? Yes _____ No _____

* If yes, their name(s): _____ Dates of employment: ___/___ (mo/yr) to ___/___ (mo/yr)

Have you filed an application here before? Yes _____ No _____ If yes, give date: _____

Have you ever worked here before? Yes _____ No _____ If yes, give date: _____

Have you ever been involuntarily terminated from employment? Yes _____ No _____ Unsure _____

* If yes, please explain: _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? Yes _____ No _____

(Proof of citizenship or immigration status is required upon employment)

Have you ever been convicted of a misdemeanor or felony, or are you presently charged with committing a criminal offense? (Responding "yes" will not necessarily disqualify applicant from employment. Do **not** include any traffic violations, juvenile offenses, criminal charges that have been expunged, or military convictions, except by general court martial.) Yes _____ No _____

* If yes, please furnish details of conviction(s), offense(s), location(s), date(s), and sentence(s):

Conviction(s): _____

Offense(s): _____

Location(s): _____

Date(s): _____

Sentence(s): _____

EMPLOYMENT INFORMATION

Date of Application: _____ Referred By: _____

Position(s) applied for: ___ Youth Counselor ___ Teacher ___ Overnight Youth Counselor ___ Other (specify: _____)

On what date would you be available for work? _____

Circle the schedule you prefer to work: Full Time Part Time

Are you available for weekend and evening work? Yes _____ No _____

Minimum salary acceptable: \$ _____ Hourly _____ Annually _____

AN EQUAL OPPORTUNITY EMPLOYER

Lakeside Academy is a program operating on the campus of Lakeside for Children.

EMPLOYMENT EXPERIENCE

Start with your present or most recent job. Include military service, assignments and volunteer activities. You may exclude organization names which indicate race, color, religion, sex, or national origin. You may attach a resume, although all requested information not indicated within your resume must be provided in this section.

(1) Employer: _____ Telephone: (____) _____ Address: _____ City: _____ State: _____ Job Title: _____ Supervisor: _____ Reason for leaving: _____	<u>Dates Employed:</u> Mo Yr Mo Yr ____/____ to ____/____ <u>Pay Rate:</u> Starting: Final: ____ hr/yr ____ hr/yr	Work Performed _____ _____ _____ _____ _____
(2) Employer: _____ Telephone: (____) _____ Address: _____ City: _____ State: _____ Job Title: _____ Supervisor: _____ Reason for leaving: _____	<u>Dates Employed:</u> Mo Yr Mo Yr ____/____ to ____/____ <u>Pay Rate:</u> Starting: Final: ____ hr/yr ____ hr/yr	Work Performed _____ _____ _____ _____ _____
(3) Employer: _____ Telephone: (____) _____ Address: _____ City: _____ State: _____ Job Title: _____ Supervisor: _____ Reason for leaving: _____	<u>Dates Employed:</u> Mo Yr Mo Yr ____/____ to ____/____ <u>Pay Rate:</u> Starting: Final: ____ hr/yr ____ hr/yr	Work Performed _____ _____ _____ _____ _____
(4) Employer: _____ Telephone: (____) _____ Address: _____ City: _____ State: _____ Job Title: _____ Supervisor: _____ Reason for leaving: _____	<u>Dates Employed:</u> Mo Yr Mo Yr ____/____ to ____/____ <u>Pay Rate:</u> Starting: Final: ____ hr/yr ____ hr/yr	Work Performed _____ _____ _____ _____ _____

If you need additional space, please continue on a separate sheet of paper.

You may contact the employers listed above unless I indicate those I do not want you to contact. _____ Signature Date	<p style="text-align: center;">DO NOT CONTACT</p> Employer Number(s) _____ Reason(s) _____ _____
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Do you have a valid driver's license? Yes _____ No _____ If yes, License Number: _____ Exp. Date: _____ State Issued: _____
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EDUCATION

*If you received your GED please circle "GED" in the High School section and include the year you received your GED.

*If you attended more than one college or university during your undergraduate career, please list the last two.

HIGH SCHOOL NAME _____ Years Completed (Circle): 9 10 11 12 GED Year Graduated: _____ High school involvement with any extracurricular activities (i.e. Athletics, Clubs, Intramurals, Community, etc.) _____ _____ _____	COLLEGE/UNIVERSITY NAME: (Last attended) _____ Years Completed (Circle): 1 2 3 4 Year Earned Degree: _____ Credits Earned: _____ Degree Awarded: _____ Major Course of Study: _____ College/University involvement with any extracurricular activities (i.e. Athletics, Clubs, Intramurals, Community, etc.) _____ _____ _____
COLLEGE/UNIVERSITY NAME: (Previously attended) _____ Years Completed (Circle): 1 2 3 4 Year Earned Degree: _____ Credits Earned: _____ Degree Awarded: _____ Major Course of Study: _____ College/University involvement with any extracurricular activities (i.e. Athletics, Clubs, Intramurals, Community, etc.) _____ _____ _____	GRADUATE COLLEGE/UNIVERSITY NAME: _____ Years Completed (Circle): 1 2 3 4 Year Earned Degree: _____ Credits Earned: _____ Degree Awarded: _____ Major Course of Study: _____ College/University involvement with any extracurricular activities (i.e. Athletics, Clubs, Intramurals, Community, etc.) _____ _____ _____

MILITARY SERVICE

Have you ever been a member of the United States Armed Services? Yes _____

No _____

If yes, please list skills you acquired that relate to the job for which you are applying: _____

Additional information or statements that you feel may be helpful to us in considering your application:

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APPLICANT PLEASE READ AND SIGN: Under the federal employee polygraph protection act of 1988, an employer may not require any applicant for employment or prospective employment or any employee to submit to or take a polygraph, lie detector or similar test or examination as a condition of employment or continued employment. Any employer who violates this act may have court actions brought against them by the secretary of labor to restrain any such violation and assess civil money penalties up to \$10,000.

Date: ____ / ____ / ____ Signature: _____

SEQUEL YOUTH SERVICES AUTHORIZATION

I hereby affirm that the facts contained in this application are true, correct and complete to the best of my knowledge. I have not withheld any fact or circumstance, which would, if discovered, affect my application unfavorably. I understand that the misrepresentation or omission of a fact called for in this application or other company records may be cause for immediate dismissal.

I further authorize this Company to verify any and all information herein contained. This includes the investigation of references and employers listed within to provide you with any and all information concerning my previous employment and other pertinent information.

I hereby authorize and permit Sequel Youth Services to hereafter investigate and disclose information contained in this application and such additional information regarding my employment with Sequel Youth Services to any person, firm or organization (e.g., State Police re criminal check). I also release the Company from all liability for any damage that may result from the utilization of such information.

I also understand and agree that no representative of the Company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is written and signed by an authorized company representative. I also understand, if I should become employed by the Company, that my employment is at-will and can be terminated by me, or the Company, at any time without cause and without notice.

I hereby acknowledge that I have read all of the above statements and understand the same.

Date: ____ / ____ / ____ Signature: _____

3921 Oakland Dr.
Kalamazoo, MI 49008

Lakeside Academy
Home of the Titans

Phone: 269-381-4760
Fax: 269-381-4765

APPLICANT AREA:

- Please fill in the areas at the top of this page and return these sheets with your application.
- The Human Resources Department will be responsible for contacting your references.
- Please provide us with three professional references (job related), example: a boss or supervisor.
- If necessary, one personal reference will be accepted. (Relatives are not accepted as references.)

Reference Name: _____
Phone Number: _____
Company: _____
Relationship to Applicant: _____

Applicant's Name: _____

I hereby authorize you to issue to Lakeside Academy information you may have regarding my services and character and do hereby unconditionally release you from all liability which might result from furnishing same.

Date: _____ Applicant's Signature: _____

OFFICE AREA (DO NOT WRITE BELOW THIS LINE):

The above named person has made application with us for employment as a _____ and has listed you as a reference. Your evaluation will be sincerely appreciated.

Please reply promptly as employment is pending upon receipt of reference.

1. In what capacity do you know the applicant? _____

2. Job Title: _____ Employed from _____ to _____

3. Reason for Leaving: _____

4. EVALUATION:	EXCELLENT	GOOD	FAIR	POOR
PERFORMANCE	_____	_____	_____	_____
RELIABILITY	_____	_____	_____	_____
COOPERATION	_____	_____	_____	_____
QUALITY OF WORK	_____	_____	_____	_____
ATTITUDE	_____	_____	_____	_____
RE-HIRE YES _____ NO _____				

5. What do you feel are the applicant's greatest strengths: _____

6. So we may gain a balanced perspective, what would you describe as the applicant's weaknesses or growth area:

7. Do you feel comfortable recommending the applicant to work with our population of students?: _____

Date: _____ Interviewer / Reference Signature: _____ Per phone: Yes / No

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COOPERATION	_____	_____	_____	_____
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RE-HIRE YES _____ NO _____				

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COOPERATION	_____	_____	_____	_____
QUALITY OF WORK	_____	_____	_____	_____
ATTITUDE	_____	_____	_____	_____
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**LAKESIDE ACADEMY
3921 OAKLAND DRIVE
KALAMAZOO, MI 49008
269-381-4760**

PREVIOUS WORK OR VOLUNTEER EXPERIENCE WITH CHILDREN UNDER THE

AGE OF 21: Please provide any experience regarding the supervision of youth (ages 0-21), including paid and volunteer experience providing social casework, therapy, or skill development services to children or families; supervision of children; and as other experiences providing direct care to children and families. You may include experience providing foster care, day care services to children, family-centered supervision services, and supervision provided in scouts and other youth activities where basic and social skills are taught. **It does not include experience in a setting where the purpose of the service provided is to teach academic skills or activities engages in as part of a practicum or internship for academic credit. Raising ones own children does not count either.**

The following are examples that you can include:

Youth coach for baseball, basketball, soccer, tennis, wrestling, etc.
Child care/babysitting
Youth Group Leader
Big Brother, Big Sister Programs
Instructor/Counselor at Summer Camp(s)
4-H Leader

Recess/Lunch room duty
Sunday School Teacher/Bible School Teacher
Boy/Girl Scouts or Brownies Advisor
Special Olympics
Lifeguard/Swimming Lesson Instructor
Resident Hall Advisor at a College Dorm

Position: _____
Location(Town/City): _____ State: _____
Dates of Experience(Mo/Yr): ____ / ____ to ____ / ____
Average hours: _____ per week **or** _____ per month
Contact Person: _____
Brief description of duties/responsibilities: _____

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Location(Town/City): _____ State: _____
Dates of Experience(Mo/Yr): ____ / ____ to ____ / ____
Average hours: _____ per week **or** _____ per month
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SIGNATURE

DATE

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