

SOUTHWESTERN YOUTH SERVICES

An Equal Opportunity Employer

Pinnacle Programs, Inc. is an equal opportunity employer and in conformity with applicable laws does not discriminate on the basis of race, color, religion, sex, national origin, marital status, veteran status, physical or mental handicap, personal appearance, family responsibilities, matriculation, political affiliation, 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 that the applicant will be employed.

(Please Print)

PERSONAL INFORMATION

NAME:

(Last)

(First)

(Middle)

MAILING ADDRESS:

(Street/PO Box)

(City)

(State)

(Zip)

SOCIAL SECURITY NUMBER:

HOME PHONE:

Are you under the age of 21? Yes _____ No _____

(Proof of eligibility is required upon employment)

Do you have any disability or limitation which would hinder you in the performance of the duties of the position for which you are applying? Yes _____ No _____

If yes, please explain. (will not necessarily disqualify you from consideration) _____

EMPLOYMENT INFORMATION

Position applying for:

Date you can start work:

Desired Salary: _____

Are you currently employed? Yes _____ No _____

If so, may we contact your present employer regarding your qualifications? Yes _____ No _____

What type of employment will you accept?

Full Time

Permanent

Daytime

Part Time

Temporary

Nights

(6 Months or Less)

EDUCATION & TRAINING

Circle years of education completed (For High School Diploma or GED circle 12):

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 Plus

List formal education beginning with most recent. Include high school, college, vocational or business school apprenticeship, military training, etc.

School Name & Address: _____

Dates Attended (mo/yr) _____ to _____ Credit Hours Earned _____ Degree Earned _____

Major(s) or Course of Study _____ Did you Graduate? Yes No

Minor(s) _____

Specialized Training, Apprenticeship Skills, Extra Curricular Activities and Honors Received _____

School Name & Address: _____

Dates Attended (mo/yr) _____ to _____ Credit Hours Earned _____ Degree Earned _____

Major(s) or Course of Study _____ Did you Graduate? Yes No

Minor(s) _____

Specialized Training, Apprenticeship Skills, Extra Curricular Activities and Honors Received _____

School Name & Address: _____

Dates Attended (mo/yr) _____ to _____ Credit Hours Earned _____ Degree Earned _____

Major(s) or Course of Study _____ Did you Graduate? Yes No

Minor(s) _____

Specialized Training, Apprenticeship Skills, Extra Curricular Activities and Honors Received _____

School Name & Address: _____

Dates Attended (mo/yr) _____ to _____ Credit Hours Earned _____ Degree Earned _____

Major(s) or Course of Study _____ Did you Graduate? Yes No

Minor(s) _____

Specialized Training, Apprenticeship Skills, Extra Curricular Activities and Honors Received _____

List any other professional or educational experiences you have had which are pertinent to this position. Include professional, trade, business and civic activities and offices held. Include workshops, seminars, military or vocational training, etc., which are not listed above. Indicate time involved (hours per week, number of weeks, credits earned, etc.) _____

List any relevant certificates, licenses or registrations you possess or are eligible for including drivers license. Indicate expiration dates. _____

EMPLOYMENT EXPERIENCE

List previous employment positions, beginning with your present or most recent position and working backwards. Include military service, assignments and volunteer activities. Be as complete and accurate as possible.

Name of Employer: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Starting Date: _____ Leaving Date: _____ Job Title: _____

Type of Business: _____ Supervisor's Name & Title: _____

Average Hours Worked per Week: _____ Starting Salary: _____ Final Salary: _____

Number of Employees You Supervised: _____ May We Contact Your Supervisor? Yes No

Description of Duties: _____

Reason For Leaving: _____

Name of Employer: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Starting Date: _____ Leaving Date: _____ Job Title: _____

Type of Business: _____ Supervisor's Name & Title: _____

Average Hours Worked per Week: _____ Starting Salary: _____ Final Salary: _____

Number of Employees You Supervised: _____ May We Contact Your Supervisor? Yes No

Description of Duties: _____

Reason For Leaving: _____

Name of Employer: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Starting Date: _____ Leaving Date: _____ Job Title: _____

Type of Business: _____ Supervisor's Name & Title: _____

Average Hours Worked per Week: _____ Starting Salary: _____ Final Salary: _____

Number of Employees You Supervised: _____ May We Contact Your Supervisor? Yes No

Description of Duties: _____

Reason For Leaving: _____

Name of Employer: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Starting Date: _____ Leaving Date: _____ Job Title: _____

Type of Business: _____ Supervisor's Name & Title: _____

Average Hours Worked per Week: _____ Starting Salary: _____ Final Salary: _____

Number of Employees You Supervised: _____ May We Contact Your Supervisor? Yes No

Description of Duties: _____

Reason For Leaving: _____

Name of Employer: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Starting Date: _____ Leaving Date: _____ Job Title: _____

Type of Business: _____ Supervisor's Name & Title: _____

Average Hours Worked per Week: _____ Starting Salary: _____ Final Salary: _____

Number of Employees You Supervised: _____ May We Contact Your Supervisor? Yes No

Description of Duties: _____

Reason For Leaving: _____

REFERENCES

Give name, address and telephone number of four references. One being a previous employer, one being a relative and two being non-relatives who have know you for at least two years.

Previous Employer

Name: _____ Phone: _____

Address: _____

Relative

Name: _____ Phone: _____

Address: _____

Non-Relative

Name: _____ Phone: _____

Address: _____

Non-Relative

Name: _____ Phone: _____

Address: _____

ADDITIONAL INFORMATION

Give additional information that you feel may further qualify you for the position for which you are applying.

AUTHORIZATION

By signing this application, you are certifying that the above information is true, correct and complete to the best of your knowledge and belief. You are authorizing investigation of all statements you have made. Misrepresentation, falsification or omission of facts called for in this application is cause for cancellation of this application or termination of employment. Unsigned applications will not be considered.

Signature: _____ Date: _____

Return completed application to: *Southwestern Youth Services*
PO Box 40
Magnolia, MN 56158