

The Bridge for Youth is an equal opportunity employer. The company's policy is not to discriminate against any applicant or employee based on race, color, gender, gender identification, sexual orientation, religion, national origin, age, disability, or any other as is protected by applicable federal, state, or local laws. The Bridge for Youth also prohibits harassment of applicants or employees based on any of these protected categories. It is also Bridge for Youth's policy to comply with all applicable state and federal laws respecting consideration of unemployment status in making hiring decisions. People of color and with disabilities are strongly encouraged to apply. EEO/AA

Position applied for:		Date of Application:			
Name:					
Last name		First name		Middle name	
Address:					
Street		City		State	Zip
Telephone #:	Email:				
Have you ever been employed, v	olunteered or inter	ned here be	fore? 🗌 Yes 🗌 No)	
If yes, please give date(s)	and position(s):				
Are you related to an employee,	volunteer or intern	here? 🗆 Y	es 🗆 No		
If yes, to whom are you r	elated and what is	their positior	n here?		
Will you now, or in the future, re	quire sponsorship f	for employm	ent visa status (e.g.	H 1-B visa status)?	🗆 Yes 🗆 No
Date available for work:	Des	Desired salary range:			
Type of employment desired:	\Box Full time \Box	Part time	Temporary	□ Seasonal	
Do you have a valid driver's licen	se (if driving is requ	uired for posi	tion)?		
🗆 Yes 🛛 No 🗌	Restricted	Suspended			
SKILLS & QUALIFICATIONS Summarize any special training, s which you are applying.	skill, licenses and/o	r certificates	that may assist you	ı in performing the p	oosition(s) for

EDUCATION HISTORY

Schools:	Qualifications Gained:
Colleges/Universities:	Qualifications Gained:
Other Trainings:	



APPLICATION FOR EMPLOYMENT

EMPLOYMENT HISTORY

Starting with your most recent employer, provide the following information: Please use additional paper to provide work history, if necessary.

1.	Employer Name:	Dates of Employment:			
Job Title (starting/ending):					
Imr	nediate Supervisor:	Telephone #:			
Ma	y we contact for job reference? \Box Yes \Box No \Box Later				
Rea	ason for leaving:				
Sur	nmarize the type of work performed and job responsibilities:				
2.	Employer Name:	_ Dates of Employment:			
Job	Title (starting/ending):				
Imr	nediate Supervisor:	Telephone #:			
Ma	y we contact for job reference?				
Rea	ason for leaving:				
Sur	nmarize the type of work performed and job responsibilities:				
3.	Employer Name:	Dates of Employment:			
Job	Title (starting/ending):				
Imr	nediate Supervisor:	Telephone #:			
Ma	y we contact for job reference? Yes No Later				
Rea	ason for leaving:				
	nmarize the type of work performed and job responsibilities:				



APPLICATION FOR EMPLOYMENT

REFERENCES

List name and phone number of three references who are *not* related to you. Business or work references are preferred.

Name of Reference	Title	Years known	Relationship	Telephone Number



APPLICANT STATEMENT

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete, and correct.

I expressly authorize, without reservation, the employers, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institution and otherwise verify the accuracy of all information provided by me in this application, resume' or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state, or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-09 Form in this regard.

This company does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting of excluding an applicant from consideration for employment on the basis of his or her sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status under applicable federal, state, or local law. This company likewise does not tolerate harassment based on six, race, color, religion, national origin, citizenship, age, disability, or any other protected status. The company takes all complaints of harassment seriously and all complaints will be investigated promptly and thoroughly.

I understand that any misrepresentation or omission of facts called for may result in refusal to hire, or if hired, may result in my dismissal at any time regardless of when the false answer or omissions are discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT. I certify that I have read, fully understand, and accept all terms of the foregoing Applicant Statement.		
Signature of Applicant:	Date:	

The Bridge for Youth

An Equal Opportunity, Affirmative Action Employer

Applicant Survey Form

Last name

First name

Middle initial(s)

Date

Position(s) for which you are applying

Please read carefully:

As an affirmative action employer, we must monitor our equal employment opportunity and affirmative action program, and report the results to government agencies. Please help us gather this information by identifying your sex, race or ethnicity, and disability status on this form.

Providing this information is *completely voluntary*. If you choose not to provide some or all of this information, you will not be subject to any negative or adverse treatment.

The information you provide will be used **only** to monitor our compliance with equal opportunity laws and regulations and *for no other purpose*.* *When* we receive this form, we will immediately place it in a confidential file separate from your application. If you wish, you may mail this form to us in an envelope separate from the one that contains your application.

Race/Ethnicity - Select one or more

- □ American Indian or Alaska Native: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- □ Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- □ Black or African American: A person having origins in any of the black racial groups of Africa.
- □ Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- □ Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- □ White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Disability - Are you a person with a disability?

- □ Yes
- ∟ No
- \Box Do not wish to answer

Sex/Gender - Select one

- □ Female
- □ Male
- □ Non-Binary/Transgender/Gender Non-Conforming
- \Box Do not wish to answer

* **This form is** *not used for employment decisions.* If you have a disability and need an accommodation so that you can perform the duties of the job for which you are applying, please notify us in some other manner.