



APPLICATION FOR EMPLOYMENT

Youth Science Institute is an equal opportunity employer and recruits, advertises, employs, promotes, transfers, disciplines, and discharges without regard to race, color, creed, national origin, age, disability, sex, marital status, ancestry, medical condition, veteran status or sexual orientation.

PERSONAL INFORMATION (PLEASE PRINT)									
Last Name		First Name		Middle Name		Preferred Name		Today's Date / /	
Present Address - No. and Street				City		State		Zip Code	
Social Security Number			Home Phone			Work Phone			
Driver's License # "Ucvg"	<input type="checkbox"/>	Have you ever Previously:	<input type="checkbox"/>	applied for work at Youth Science Institute	Date: _____	If you are under 18 years of age, do you have a work permit?	<input type="checkbox"/>	Yes	<input type="checkbox"/>
				worked at Youth Science Institute	Date: _____			No	
Are you legally authorized to work in the U.S.?	<input type="checkbox"/>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visa Type:	B1	F1	<input type="checkbox"/>	H1	<input type="checkbox"/>	J1	L1	TN	: Other
Have you ever been convicted of a felony? (A conviction will not necessarily disqualify you.)	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please list below if you have ever worked under or earned degrees under another name (i.e., maiden name)									
Other Names: _____									
ADDITIONAL INFORMATION									
Position Applying For: _____									
Geographic Preference: <input type="checkbox"/>									
Do you have any relatives employed	<input type="checkbox"/>	Yes	If yes, please name below:	_____	_____	_____	_____	_____	_____
at Youth Science Institute?	No	<input type="checkbox"/>	Do you have any commitments to another employer or organization which might	Yes	If yes, please describe:	_____	_____	_____	_____
Interfere with or affect your employment with us?	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What prompted your initial interest in Youth Science Institute?	Advertisement	College	Walk-in	Employment Referral	Agency (Name)	Web	Other	(Identify Source below)	(Enter name below) (Please specify below)
EDUCATION AND TRAINING									
Indicate Last Level of Education Completed:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High School:	1	2	3	4	College or University:	1	2	3	4
Graduate School:	1	2	3	4	Graduate School:	1	2	3	4
Education	Name and Location (City and State)	GPA	Major	Degree Earned	Date Mo./Yr.				
College or University									
Graduate School									
Graduate School									
Business or Vocational									

List your last three employers with the most recent first. If you are currently employed, may we contact your employer? Yes No

Date Employed Mo Day Year			Starting Salary/Wage \$	Present/Last Employer	
From:			Ending Salary/Wage \$	Phone #	City, State
To:					
Supervisor's Name				Supervisor's Title	
Your Title					
Reason for Leaving					

Date Employed Mo Day Year			Starting Salary/Wage \$	Previous/Last Employer	
From:			Ending Salary/Wage \$	Phone #	City, State
To:					
Supervisor's Name				Supervisor's Title	
Your Title					
Reason for Leaving					

Date Employed Mo Day Year			Starting Salary/Wage \$	Previous Employer	
From:			Ending Salary/Wage \$	Phone #	City, State
To:					
Supervisor's Name				Supervisor's Title	
Your Title					
Reason for Leaving					

PROFESSIONAL REFERENCES (PLEASE LIST ONLY REFERENCES WE MAY CONTACT AT THIS TIME)

Name	Title and Professional Relationship	Phone Number and Extension	<input type="checkbox"/> Home <input type="checkbox"/> Work
			<input type="checkbox"/> Home <input type="checkbox"/> Work
			<input type="checkbox"/> Home <input type="checkbox"/> Work
			<input type="checkbox"/> Home <input type="checkbox"/> Work

APPLICANT RELEASE

I understand that Youth Science Institute requires certain information about me to evaluate my qualifications for employment and to conduct its business if during the process I become an employee. Therefore, I authorize Youth Science Institute to investigate my past employment, education credentials, DMV records, criminal records (if any), reference checks and other employment-related activities. I agree to cooperate in such investigations and I hereby release those parties supplying such information to Youth Science Institute from all liability of responsibility with respect to information supplied.

I understand this application is only valid for the position applied for at present and that Youth Science Institute is not obligated to retain or consider this application for future openings. I also understand that if I am hired I will not be free to hold or accept employment with others which would create a conflict of interest with my employment by Youth Science Institute.

MY SIGNATURE BELOW CERTIFIES THAT I HAVE READ AND UNDERSTAND AND AGREE TO THE FOREGOING AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE INFORMATION ON THIS FORM IS TRUE AND CORRECT. IF I HAVE ATTACHED A RESUME IN LIEU OF COMPLETING SOME OF THIS APPLICATION, I REPRESENT THAT MY RESUME IS A COMPLETE RECORD OF MY EDUCATION, TRAINING AND WORK HISTORY AND THE INFORMATION ON MY RESUME IS TRUE AND CORRECT. I UNDERSTAND THAT SHOULD YOUTH SCIENCE INSTITUTE LEARN OF ANY MISREPRESENTATIONS OF FALSE INFORMATION PROVIDED BY ME, CONSIDERATION OF MY APPLICATION WILL TERMINATE IMMEDIATELY, OR IN THE EVENT I HAVE ALREADY BEEN HIRED, MY EMPLOYMENT WILL TERMINATE IMMEDIATELY.

Unless I specifically said "no," I agree that Youth Science Institute may contact my present and past employers to check this information and any matter related to my employment. I also authorize any person or company to give Youth Science Institute any information that it requests about me. I waive and release all persons and companies from any liability or damages that may result from the use, disclosure, or release of this information, whether it's favorable or unfavorable to me.

I understand that if Youth Science Institute hires me, I will be an at-will employee with no agreement about the length of my employment. Either Youth Science Institute or I may end the employment relationship at will, any time, with or without cause, and with or without notice. I agree to submit to binding arbitration all disputes and claims arising out of this application and, in the event that I am hired, all disputes and claims arising out of my employment. This agreement includes every type of dispute that may be lawfully submitted to arbitration, including claims of wrongful discharge, discrimination, harassment, or any injury to my physical, mental, or economic interests. This means that a neutral arbitrator, rather than a court or jury, will decide the dispute. As such, I am waiving my right to a court or jury trial. I agree that any arbitration will be conducted in accordance with Youth Science Institute's Arbitration Agreement.

Applicant Signature

Date of Application

revised 6/27/07