



YOUTH & FAMILY SERVICES

Employment Application

Date: _____

Applicant Information:

Name _____
(Last) (First) (Middle)

Street Address _____

City, State, Zip _____

Home Phone _____ Cell Phone _____ Email _____

Position Desired _____ Date Available to Work _____

Are you available to work: Full-time? _____, Overnight? _____, Weekends? _____

Are you a citizen of the United States Yes No

If no, are you authorized to work in the United States? Yes No

Have you ever worked for New Day? Yes No

If yes, when? _____

Education

Background	Name & Location of School	Highest Grade Completed	Major Area of Study
High School	_____	9 10 11 12/GED	_____
	_____		_____
College	_____	1 2 3 4	_____
	_____		_____
Trade, Business or Graduate School	_____		_____
	_____		_____

Licenses or Certificates: _____



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Qualifications

Do you have training or skills in any of the following areas? Check all that apply. If, yes indicate number of hours and date of training.

Training Topics	Yes / No	Dates of Training
First Aid / CPR (Current)		
Managing Aggressive Behavior		
Crisis Prevention Intervention		
Medication Management		
Child Abuse and Neglect Laws		
Communication skills and techniques		
Conflict Resolution		
Crisis Management /Intervention		
Child & Adolescent Development		
Knowledge of abusive family dynamics		
Cycle of violence dynamics		
Identifying Client Strengths		
Therapeutic behavior management		
Etiology and symptoms of emotional disturbances		
Ethnic and cultural Awareness		
Accessing community resources and services		
Disciplinary Strategies		
Positive Youth Development Techniques		
Shelter Culture of Care		
HIPAA Requirements and Laws		
Current criminal records check (CRC)		
Other:		
Other:		
Other:		
Other:		
Other:		
Other:		

Note: If you have taken college courses or trained in similar topics please indicate what those topics or subjects were.



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Military Service

Branch	Rank	Dates of Service	Type of Discharge

If discharge is other than honorable, explain: _____

Personal Information

Are you at least 21 years of age? Yes No

Do you have a valid NM driver’s license? Yes No

If no, explain: _____

Have you been convicted of a DWI or DUI in the past 5 years? Yes No

If yes, explain: _____

Have you been arrested for offenses dealing with mistreatment of children? Yes No

If yes, explain: _____

Have you been arrested for violations or moral turpitude? Yes No

If yes, explain: _____

Have you had any traffic violations within the last 3 years? Yes No

If yes, explain: _____

Is there anything in your background that might cause concern about hiring you to work with children (i.e. arrests, convictions, drug use, etc.)? Yes No

If yes, explain: _____



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Driver Information

New Day Insurance Policy requires that employees who drive on agency business, either in a personal or company vehicle, must be insurable. Please provide proof of current automobile insurance regularly. Acceptable driving record is a continuing condition of employment.

Drivers License # _____ Expiration Date _____

Birth Date _____ Social Security# _____

I understand that such information may be required now and from time to time in the future to comply with the safety program of New Day, and/or requirements of companies providing insurance to the Agency. I authorize New Day to obtain information from the Department of Motor Vehicles on my driving history.

Applicant Signature _____ Date _____

Employment History

New Day requires an accurate, complete, full and part time employment record, by month and year, for the last 3 years. Start with your present or most recent employer. Please include explanation of any gaps of 3 months or more in your employment history. Use a separate sheet if necessary.

Employer Name _____ Phone # _____

Dates of Employment From: _____ To _____ Position/Title _____

Supervisor _____ Phone # _____

Reason for Leaving _____

To be completed by New Day Staff:

Person Contacted _____

Applicant's Employment History was Verified: Yes No

New Day Initial _____ Date _____



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Employer Name _____ Phone # _____

Dates of Employment: From _____ To _____ Position/Title _____

Supervisor _____ Phone # _____

Reason for Leaving _____

To be completed by New Day Staff:

Person Contacted _____

Applicant's Employment History was verified: Yes No

New Day Initial _____ Date _____

Employer Name _____ Phone # _____

Dates of Employment: From _____ To _____ Position/Title _____

Supervisor _____ Phone # _____

Reason for Leaving _____

To be completed by New Day Staff:

Person Contacted _____

Applicant's Employment History was verified: Yes No

New Day Initial _____ Date _____



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Gaps of 3 Months or More in Employment History

From _____ To _____

Explanation: _____

From _____ To _____

Explanation: _____

From _____ To _____

Explanation: _____

From _____ To _____

Explanation: _____

From _____ To _____

Explanation: _____

I hereby declare that the information provided by me in this application for employment is true, correct and complete to the best of my knowledge. I understand that any misstatement or omission of fact on this application may deny my consideration for employment. I also understand that if employed, any misstatement or omission of fact on this application shall be considered cause for rejection or dismissal.

I further authorize investigation of all statements in this application as may be necessary in arriving at the employment decision including obtaining information from my current or former employers. I release and discharge New Day and former employers from all claims or actions which I now have, or which may arise from, the making of any inquiries about me in connection with any of my applications for employment.

Applicant's Signature _____ Date _____



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Reference Request #1

To Be Completed by Applicant:

I _____ have applied for employment with New Day. I authorize the agency to collect any information concerning my personal and employment history as may be necessary in arriving at an employment decision. I hereby release you from any and all liability in supplying information in connection with my application.

Applicant's Signature _____ Date _____

Name of Reference* _____ Phone _____

Street Address _____

City, State, Zip _____

*Friends and family members do not qualify as references

To be completed by New Day Staff. Please ask the reference to comment on the following:

Table with 6 columns: Excellent, Good, Average, Poor, Other and 13 rows of performance metrics.

Additional information you feel may be useful: _____

New Day Staff Signature _____ Date _____



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Reference Request #2

To Be Completed by Applicant:

I _____ have applied for employment with New Day. I authorize the agency to collect any information concerning my personal and employment history as may be necessary in arriving at an employment decision. I hereby release you from any and all liability in supplying information in connection with my application.

Applicant's Signature _____ Date _____

Name of Reference* _____ Phone _____

Street Address _____

City, State, Zip _____

*Friends and family members do not qualify as references

To be completed by New Day Staff. Please ask the reference to comment on the following:

Table with 6 columns: Punctuality/Reliability, General Attitude, Judgment, Honesty, Following Directives, Responsibility, Self Control / Maturity, Initiative, Communication Skills, Decisiveness, Employee Relations, Flexibility/Adaptability, Utilization of Time. Columns 2-6 are Excellent, Good, Average, Poor, Other.

Additional information you feel may be useful: _____

New Day Staff Signature _____ Date _____



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Reference Request #3

To Be Completed by Applicant:

I _____ have applied for employment with New Day. I authorize the agency to collect any information concerning my personal and employment history as may be necessary in arriving at an employment decision. I hereby release you from any and all liability in supplying information in connection with my application.

Applicant's Signature _____ Date _____

Name of Reference* _____ Phone _____

Street Address _____

City, State, Zip _____

*Friends and family members do not qualify as references

To be completed by New Day Staff. Please ask the reference to comment on the following:

Table with 6 columns: Punctuality/Reliability, General Attitude, Judgment, Honesty, Following Directives, Responsibility, Self Control / Maturity, Initiative, Communication Skills, Decisiveness, Employee Relations, Flexibility/Adaptability, Utilization of Time. Columns 2-6 are Excellent, Good, Average, Poor, Other.

Additional information you feel may be useful: _____

New Day Staff Signature _____ Date _____