



Dear Applicant:

Thank you for your interest in New Day Youth & Family Services (New Day), an Equal Opportunity Employer. Please take a moment to read the following information before beginning the application.

1. Persons wishing to apply for a position with New Day must be at least 21 years of age.
2. New Day works with a target population of young people experiencing homelessness and/or disconnection. State licensing regulations that the Agency must abide, include:
  - a. Specifically forbid the employment of any person convicted of any criminal offense involving the mistreatment of children, including trafficking of an illegal substance or assault.
  - b. Require the agency to have a copy of the employee's criminal record clearance (CRC) on file prior to working unsupervised with any resident or client.
3. In addition, New Day requires that all employees must:
  - a. Provide proof of a valid New Mexico driver's license
  - b. Qualify under our agency insurance
  - c. Not have been convicted of DWI or DUI in the previous five (5) years
  - d. Provide proof of current personal auto insurance
  - e. Provide verification of education (diploma, transcript, etc.)
  - f. Provide a copy of appropriate licensure (therapists)
  - g. Provide a work history, explaining any gaps in employment

If you have read and understand the above agency requirements, please complete the attached application and submit it along with your resume. In the event you qualify for an open position, you will be notified and we will schedule and interview. If no positions for which you qualify are open at the current time, your application will be kept on file for 30 days and you may be contacted during that time for an available position that matches your qualifications.

***Equal Employment Opportunity***

New Day Youth and Family Services provides equal employment opportunities to all qualified individuals without regard to race, creed, color, religion, national origin, age, sex, marital status, sexual orientation, or non-disqualifying physical or mental handicap or disability.



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EMPLOYMENT APPLICATION

Date: \_\_\_\_\_

Name: \_\_\_\_\_  Over 21 years old

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Position Desired: \_\_\_\_\_ Date available to work: \_\_\_\_\_

Are you available to work: Full Time \_\_\_\_\_ Overnight \_\_\_\_\_ Weekends \_\_\_\_\_

Yes

No

Are you a citizen of the United States? \_\_\_\_\_

If no, are you authorized to work in the United States? \_\_\_\_\_

Have you ever worked at New Day? \_\_\_\_\_

If so, when? \_\_\_\_\_

EDUCATION

Background	Name and 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			



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Licenses or Certificates:

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		
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, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**DRIVER INFORMATION**

New Day Insurance Policy requires that employees who drive on agency business, either in a personal or company vehicle, must be insurable. Proof of valid driver’s license and current insurance will be collected upon hire. An acceptable driving record and current vehicle insurance is a continuing condition of employment.

- I have a valid driver’s license
- I have current vehicle insurance that meets or exceeds New Mexico state requirements.

I understand that such information will be required from the time of hire and in to 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: \_\_\_\_\_



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**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 an explanation of any gaps of 3 months or more in your employment history. Use a separate sheet if necessary.

Employer Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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 Number: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*To be completed by New Day Staff:*



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Person Contacted: \_\_\_\_\_  
 Applicant's Employment History was Verified: Yes No  
 New Day Initial: \_\_\_\_\_ Date: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*To be completed by New Day Staff:*  
 Person Contacted: \_\_\_\_\_  
 Applicant's Employment History was Verified: Yes No  
 New Day Initial: \_\_\_\_\_ Date: \_\_\_\_\_

**Gaps of 3 Months or More in Employment History**

From: \_\_\_\_\_ To: \_\_\_\_\_

Explanation: \_\_\_\_\_  
 \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Explanation: \_\_\_\_\_  
 \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Explanation: \_\_\_\_\_  
 \_\_\_\_\_



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From: \_\_\_\_\_ To: \_\_\_\_\_

Explanation: \_\_\_\_\_

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I hereby declare that the information provided by me in the application for employment is true, correct, and complete to the best of my knowledge. I understand that any misstatement or omission of fact on the 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 the 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 have, or which may rise from, any inquiries about me in connection with any of my applications for employment.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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Applicant Name: \_\_\_\_\_

Reference Request #1

Name of Reference: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

*\*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:

	Excellent	Good	Average	Poor	Comments
Punctuality/ Reliability					
General Attitude					
Judgement					
Honesty					
Following Directives					
Responsibility					
Self-control/Maturity					
Initiative					
Communications Skills					
Decisiveness					
Employee Relations					
Flexibility/Adaptability					
Utilization of Time					

Additional information you feel may be helpful: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_





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Applicant Name: \_\_\_\_\_

Reference Request #2

Name of Reference: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

*\*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:

	Excellent	Good	Average	Poor	Comments
Punctuality/ Reliability					
General Attitude					
Judgement					
Honesty					
Following Directives					
Responsibility					
Self-control/Maturity					
Initiative					
Communications Skills					
Decisiveness					
Employee Relations					
Flexibility/Adaptability					
Utilization of Time					

Additional information you feel may be helpful: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_



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Applicant Name: \_\_\_\_\_

**Reference Request #3**

Name of Reference: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

*\*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:

	Excellent	Good	Average	Poor	Comments
Punctuality/ Reliability					
General Attitude					
Judgement					
Honesty					
Following Directives					
Responsibility					
Self-control/Maturity					
Initiative					
Communications Skills					
Decisiveness					
Employee Relations					
Flexibility/Adaptability					
Utilization of Time					

Additional information you feel may be helpful: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_



**AUTHORIZATION FOR RELEASE OF INFORMATION**

Your signature authorized New Day to release your personal information (PI) and/or Social Security Number for the following purposes:

- Criminal Background Clearance Check
- Motor Vehicle Driving Record Check
- New Hires Reporting to the State of New Mexico
- E-Verify Employment Eligibility
- Contract Audits
- Certification Audits
- Credentialing
- Agency Insurance Renewal

As deemed necessary for New Day to receive information for new hire purposes:

- Employment Verification
- References

I authorize New Day to release my personal information and/or Social Security Number under one or more of these circumstances listed above. I authorize New Day to conduct employment verification and reference checks.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_