



ORION YOUTH SERVICES

"Reach for the Stars"

Application for Employment – Youth Tracker

APPLICANT INFORMATION			
Last Name :	First :	M.I. :	Date:
Street Address :		Apartment/Unit #:	
City :	State :	ZIP:	
Phone:	E-mail Address:		
Date Available:	Date of Birth:	Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Do you have a current state of UTAH Driver License? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Are you currently First Aid/CPR certified? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, when does your certification expire?			
All successful applicants are required to undergo the State of Utah Criminal Background Screening.			
Have you ever been convicted of a felony? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain:			
In the last five years have you spent six or more consecutive weeks outside the state of Utah? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please list where.			
The state of Utah requires that as a tracker who transports youth in state custody, your insurance policy must cover, " <i>property damage, personal injury protection, and liability with a combined single limit or the equivalent of not less than \$100,000 per person, and \$300,000 for each accident/occurrence...</i> "			
Does your current insurance policy already match the requirement explained above? YES <input type="checkbox"/> NO <input type="checkbox"/>			
If no, upon being hired for this position would you be willing to adjust your policy to meet this requirement? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Trackers have flexible work schedules, and for the most part will be able to determine their own schedules and set their own appointments. Orion Youth Services requires that trackers be on call when possible to assist in respite, crisis situations, or transportation.			
When would you be available if such a situation arises? 6-9AM <input type="checkbox"/> 9-12PM <input type="checkbox"/> 12-3PM <input type="checkbox"/> 3-6PM <input type="checkbox"/> 6-10PM <input type="checkbox"/> Night <input type="checkbox"/>			
Are there any specific DAYS or times that you would NOT be available? _____			
Please list any experience you have working specifically with youth and teens since turning 21. This may include employment, church, school, volunteer work, or any other experience in which in which you were a mentor, organizer, coach, tutor, or other authority figure.			

EDUCATION			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree



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REFERENCES

Please list three professional references.

Full Name	Relationship
Company	Phone ()
Full Name	Relationship
Company	Phone ()
Full Name	Relationship
Company	Phone ()

PREVIOUS EMPLOYMENT

Company	Phone ()	
Location	Supervisor	
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

Company	Phone ()	
Location	Supervisor	
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

Company	Phone ()	
Location	Supervisor	
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.
 If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature	Date
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