



P.O. Box 90212  
Nashville, TN 37209  
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info@YLLC.org

**APPLICATION FOR EMPLOYMENT**

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

**PERSONAL INFORMATION**

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Present Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Permanent Address (if different than above) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Social Security Number

Home (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Other (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Email \_\_\_\_\_

**Federal law prohibits the employment of unauthorized aliens and requires employers to verify employment eligibility of all new employees. All offers of employment are contingent upon the applicant timely providing documentation required by law as evidence of personal identity and authorization to work in the United States.**

Position Applied For: \_\_\_\_\_

1. Is there any information we would need about your name or use of another name for us to be able to check your references and employment history? Please specify:

\_\_\_\_\_

2. Do you have any relatives who are presently (or have formerly been) employed by The Youth Life Foundation? If yes, give name(s), position(s), & dates of employment.

\_\_\_\_\_

3. How were you referred to The Youth Life Foundation?

\_\_\_\_\_

4. Have you ever been convicted of a felony? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, describe the nature and date of conviction(s).

\_\_\_\_\_

5. Is your community reputation and conduct consistent with the character qualities listed in the attached position description? Please explain.

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6. Can you without reservation subscribe to and fully support the core values and mission statement of The Youth Life Foundation?

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**Education History**

	School Name / Location	Years Completed	Degree/Diploma
High School			
College			
Tech Training			
Graduate			

List any specialized training or courses you have completed which will aid in evaluating your qualifications for the position you are seeking. For example, if applying for a clerical position note training such as word processing, typing, calculator, computer skills, etc. Please include grade or other indicator of achievement, such as typing speed.

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**Employment History** (Please include all employment for the last five years, list your current or most recent employer first.)

1. \_\_\_\_\_

Company Name	Position Held
_____	_____
Address	Dates Employed: _____
_____	From To
Address 2	Telephone
_____	_____
Manager/Supervisor	Salary / Hourly wages
_____	_____
Reason for Leaving	
_____	

**Employment History Continued**

2. \_\_\_\_\_  
Company Name \_\_\_\_\_ Position Held \_\_\_\_\_  
\_\_\_\_\_ Dates Employed: \_\_\_\_\_  
Address \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
\_\_\_\_\_ Address 2 \_\_\_\_\_ Telephone \_\_\_\_\_  
\_\_\_\_\_ Manager/Supervisor \_\_\_\_\_ Salary / Hourly wages \_\_\_\_\_  
\_\_\_\_\_ Reason for Leaving \_\_\_\_\_

3. \_\_\_\_\_  
Company Name \_\_\_\_\_ Position Held \_\_\_\_\_  
\_\_\_\_\_ Dates Employed: \_\_\_\_\_  
Address \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
\_\_\_\_\_ Address 2 \_\_\_\_\_ Telephone \_\_\_\_\_  
\_\_\_\_\_ Manager/Supervisor \_\_\_\_\_ Salary / Hourly wages \_\_\_\_\_  
\_\_\_\_\_ Reason for Leaving \_\_\_\_\_

**Note: Use a separate sheet to list additional employers if necessary. We will contact all of the employers listed on this application unless you specifically exclude them below. Please list any employers you do not want us to contact and your reason for the exclusion:**

\_\_\_\_\_  
(Employer's Name) \_\_\_\_\_ Reason \_\_\_\_\_

\_\_\_\_\_  
(Employer's Name) \_\_\_\_\_ Reason \_\_\_\_\_

**Professional Information**

Membership In Professional Groups:

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

List any Awards and/or Honors Received:

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**TEACHING EXPERIENCE**

No. of years teaching: Public\_\_\_\_\_ Christian\_\_\_\_\_ Private\_\_\_\_\_

Are you currently under contract?\_\_\_\_\_ Do you have a teaching certificate?\_\_\_\_\_

(Please attach photocopies of any certificates held) Expiration Date: \_\_\_\_\_

Non-profit management experience: Number years experience: \_\_\_\_\_

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**References** (Please do not include relatives or former employers.)

1. \_\_\_\_\_  
Name Years Known

\_\_\_\_\_ Address Telephone

\_\_\_\_\_ Occupation

2. \_\_\_\_\_  
Name Years Known

\_\_\_\_\_ Address Telephone

\_\_\_\_\_ Occupation

3. \_\_\_\_\_  
Name Years Known

\_\_\_\_\_ Address Telephone

\_\_\_\_\_ Occupation

**Work Availability**

If your application receives favorable consideration, when will you be available to begin work?

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**I ACKNOWLEDGE AND AFFIRM THAT ALL INFORMATION HEREIN IS TRUE AND ACCURATE**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**THE YOUTH LIFE FOUNDATION'S MISSION STATEMENT AND CORE VALUES**

The mission of Youth Life Foundation of TN is to nurture the child, strengthen the family, and rebuild the community by aiding and supporting the educational, moral, and social development of at-risk youth

Hence:

The Youth Life Foundation believes that the breadth and effectiveness of its public service is directly related to the depth, sincerity, and authenticity of commitment to the mission and core values of The Youth Life Foundation demonstrated by each employee.

The Youth Life Foundation regards each employee as a full-time ambassador. As such, all employees shall behave on and off the job in a manner consistent with the core values and mission of The Youth Life Foundation. Each employee should consistently demonstrate and model humility, peace, patience, kindness, gentleness, joy, self-control, and a loving servant spirit.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ by

\_\_\_\_\_  
Youth Life Foundation of TN representative

\_\_\_\_\_  
Employee

## APPLICANT RELEASE AND ACKNOWLEDGEMENTS

**Please read this section carefully and acknowledge your understanding by signing your name.**

I certify that all of the statements made by me on this application for employment are true, correct, and complete to the best of my knowledge.

**1. Consent to Conduct Background Investigation.** As a condition of and in consideration for the Youth Life Foundation's consideration of this application, I give permission to the Youth Life Foundation to investigate my personal, educational, and employment history. I understand that this background investigation will include but not be limited to verification of all information on this application as well as interviews with past employers. I further give permission to the Youth Life Foundation to conduct this investigation and to discuss the results of this investigation in connection with my application for employment.

**2. Consent To Contact Past Employers.** I give permission to the Youth Life Foundation to contact all employers listed in this application (except those specifically excluded) for references. I further give permission to all current or previous employers and/or managers or supervisors to discuss my relevant personal and employment history with the Youth Life Foundation, consent to the release of such information orally or in writing, and hereby release all parties from all liability and agree not to sue for defamation or other claims based upon any statements made to any representative of the Youth Life Foundation. I further waive all rights that I may have under law to receive a copy of any written statement provided by any of my former employers to the Youth Life Foundation. I further agree to indemnify the Youth Life Foundation and all past employers for any liability they may incur because of their reliance upon this release.

**3. Consent To Contact Government Agencies.** I give permission to any agent, attorney or representative of the Youth Life Foundation to receive a copy of my information in the file of any federal, state or local court, government agency, law enforcement agency or investigator concerning or relating to me, including criminal records checks, and consumer reports. I further consent to the release of such information and waive any right under law concerning notification of the request for a release of such information. In the event a state law does not provide for prospective employers to have access to information, I hereby delegate the Youth Life Foundation as my agent for receipt of my information. I understand that the scope of this investigation will be limited to criminal and/or civil records that relate to my honesty, integrity and/or abilities.

**4. Cooperation With Investigation.** I agree to fully cooperate in the Youth Life Foundation's background investigation, and to sign any waivers or releases that may be necessary to obtain access to relevant information. In the event that any former employer or federal, state or local government agency will not release reference information or criminal history information directly to the employer, I agree to personally request such information to the extent permitted by law.

**5. Falsification Statement.** I understand that any falsification or willful omission of fact made in this application or in connection with any background investigation may be sufficient grounds for rejection of this application, or, if discovered after an offer of employment, for immediate dismissal.

**6. Employment "At Will".** In consideration of my employment, I agree to conform to the rules and regulations of the Youth Life Foundation as they are promulgated from time to time. I further agree that my employment and compensation is "at will" in that they can be terminated with or without cause, and with or without notice, at any time, at the option of either the Youth Life Foundation or myself, except as otherwise provided by law. I understand that no manager or representative of the Youth Life Foundation, other than the Executive Director of the Youth Life Foundation, has authority to enter into any agreement for employment for any specified period of time, and that any promises to the contrary will only be relied upon by me if they are in writing and signed by the President of the Youth Life Foundation.

**7. Children's Workers.** I understand that all Foundation employees who work directly with children must submit to a fingerprint check by the federal and possibly state authorities. I agree to fully cooperate in providing and recording as many sets of fingerprints as may be necessary for investigation as a requirement for my working with children.

**8. Application for Employment.** I understand that this is an application for employment and that no offer of employment is being hereby extended.

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Applicant's Signature

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Date

# YLLC AUTHORIZATION

## Background Check

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Social Security Number

A Background Check will be processed on Youth Life Learning Center ("YLLC") employees. This should be done after an offer of employment has been extended AND prior to the first day of work.

Last Name (please print) \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Maiden Name/Other Names Used \_\_\_\_\_ Year of Change \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you at least 18 years of age?

YES     NO

**Physical or Residential Address - (Where you LIVE)**

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Street Address (NO P.O. Boxes) \_\_\_\_\_ Apt # \_\_\_\_\_

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City \_\_\_\_\_ State \_\_\_\_\_

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Zip Code \_\_\_\_\_ County (REQUIRED) \_\_\_\_\_

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How long at current address? \_\_\_\_\_

Drivers License Number \_\_\_\_\_

State of Issue \_\_\_\_\_

Have you ever been convicted of a crime (other than a minor traffic violation)?  YES     NO

If YES, please provide City and State of Conviction below.

**List all former addresses for the past five (5) years:**

City _____	State _____	County _____	Month/Year _____	to	Month/Year _____
City _____	State _____	County _____	Month/Year _____	to	Month/Year _____
City _____	State _____	County _____	Month/Year _____	to	Month/Year _____
City _____	State _____	County _____	Month/Year _____	to	Month/Year _____

I hereby authorize the YLLC, or its agents, to obtain a consumer report regarding information as to my character, employment history, criminal record history, driving record history, general reputation, personal characteristics, mode of living, or any other information that may be permissibly obtained under applicable law. I understand that this information will be used for employment purposes, including evaluating me for employment, promotion, reassignment or retention as an employee of the YLLC.

I hereby authorize and direct all persons who may have information, relevant to this consumer report, to disclose it to the YLLC or its agents, and I hereby release all persons, including those disclosing the information, the YLLC and its agents, from liability on account of disclosure. I also hereby authorize the YLLC or its agents to request and obtain the above described information for as long as I am employed by the Company.

According to the Fair Credit Reporting Act, I am entitled to know if the position for which I am applying is denied because of information obtained from a consumer reporting agency. If so, I will be notified and be given, among other information the name of the agency providing that report.

I hereby further authorize that a telephone facsimile (FAX) or photographic copy of my signed authorization may be considered as valid as the original.

Employee Signature **X** \_\_\_\_\_ Date: \_\_\_\_\_

