



YOUTH ADVOCATE PROGRAMS, INC.

P.O. Box 950 2007 North Third Street

Harrisburg PA 17108

PHONE: 717-232-7580 FAX: 717-233-2879

EMPLOYMENT APPLICATION

Youth Advocate Programs, Inc. is an Equal Opportunity Employer and does not discriminate on the basis of race, sex, age, religion, marital status, national origin, sexual preference or disability.

_____ Position _____ Date of Application _____

For our recruitment purposes please answer the following: How did you hear about this position?

- YAP Website Newspaper Monster.com YAP Employee
- Friend Other _____

GENERAL INFORMATION

_____ Name (last, first, middle) _____ Social Security Number _____

_____ Home Address _____ City _____ State _____ Zip _____

_____ Telephone (daytime) _____ Telephone (evening) _____

How long have you lived at this address? _____

List last three previous addresses and dates:

_____ From/To _____ Address _____ City _____ State _____ Zip _____

_____ From/To _____ Address _____ City _____ State _____ Zip _____

_____ From/To _____ Address _____ City _____ State _____ Zip _____

How many different addresses have you had in the last 5 years? _____ 10 years? _____

Are you over 18 years of age? Yes No

When are you available to work? (Please check all that apply)

- Full-Time Part-Time
- Days Evenings Weekends

Employment Application (Continued)

Do you have a valid driver's license? Yes No

If yes, please provide: _____
License number State Expiration Date

Has your driver's license ever been suspended? Yes No

If yes, please give dates and explain: _____

Do you currently have any traffic violation points against you? Yes No

If yes, how many? _____

Are you currently insured and have unrestricted access to a vehicle with at least \$100,000/\$300,000 liability coverage (required for any position where clients are transported)? Yes No

Have you had any accidents in the last three years? Yes No

If yes, please give dates and indicate damage and/or injuries: _____

EDUCATION/TRAINING

Name & Location Major Course of Study Certification Acquired

High School _____

College _____

Business/Technical _____

Other (GED, CLEP, etc.) _____

Post Graduate _____

List your extra curricular activities and awards: _____

Employment Application (continued)

If applicable, please identify business office related experience including proficiency and types of equipment:

Data Entry

Software: list all that apply

Word Processing

Software: list all that apply

Words per minute

Other Computer Software

Software & experience (list all that apply)

EMPLOYMENT HISTORY

Please give complete employment history starting from most recent employer including any part-time employment or military experience.

Dates	Weekly Salary	Company Name/Address/Telephone	Supervisor's Name	Reason for Termination

I give permission to Youth Advocate Programs, Inc. to contact any or all of the **former** employers listed above to verify the information provided.

Applicant's Signature

Date

Is your resume attached?

Yes

No

Employment Application (Continued)

CHARACTER REFERENCES

Please list five character references below. YAP, Inc. requires two personal references with someone that has a close relationship with you who can verify your community involvement and three professional references with someone who can provide insight into your character and work history.

	Name and Address (Include Zip Code)	Telephone Number (Include Area Code)	How Long Known?	Relationship to You
1				
2				
3				
4				
5				

Please write about your hobbies, interests, special skills, life experiences, volunteer experiences and career goals that you feel are assets in working with young people and their families.

Employment Application (Continued)

ADDITIONAL INFORMATION

Government regulations may require that an individual applying for employment at YAP, Inc. obtain a criminal background and/or child abuse clearance check. If the position you are applying for requires such clearances, the originals of such documents must be presented to YAP, Inc. prior to employment. The cost of these documents is borne by the applicant. The documents are only valid if dated less than one year prior to the date of the Provider Agreement.

Have you ever received any such clearances? Yes No

If yes, please list the type of clearance, the law enforcement or governmental agency/state that conducted the check and the date the report was validated:

Type	Agency/State	Date Validated
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please answer the following questions:

Are you currently on probation or parole? Yes No

Are there currently any criminal charges pending against you? Yes No

Have you ever been convicted of a criminal offense? Yes No

Have you ever forfeited bond or collateral in connection with a criminal charge? Yes No

Have you ever been convicted of fraud? Yes No

Have you ever been convicted of a narcotics offense? Yes No

Have you ever been convicted of any other felony offense? Yes No

Have you ever had an inappropriate sexual relationship with a minor? Yes No

Have you ever been debarred; excluded or otherwise listed as ineligible for participation in a federal and/or state health care program? Yes No

If you answered yes to any of these questions, list offense(s), date(s) of conviction and disposition(s) below:

Employment Application (Continued)

With your consent, Youth Advocate Programs, Inc. may obtain criminal background checks on you from a consumer-reporting agency (CRA) at the time of your employment application and/or in the future. The Fair Credit Reporting Act (FCRA) requires that employers disclose a summary of your rights under the act in a separate document and obtain your authorization to conduct the background check. Enclosed with this application is a document entitled, "A Summary of Your Rights under the Fair Credit Reporting Act".

Did you receive a copy of "A Summary of Your Rights Under the Fair Credit Reporting Act"? Yes No

Do you authorize Youth Advocate Programs, Inc. to obtain criminal background checks on you at the time of your employment application and/or in the future? Yes No

Applicant's Signature

Date

Please note that your signature does not imply consent unless you have checked the boxes marked "Yes" above.

Applicants please note that a conviction is an adjudication of guilt, including a determination before a district justice or a criminal court, resulting in a legal penalty such as a fine, a sentence, or probation. Omit any offense committed before your 18th birthday unless it was not adjudicated in a juvenile court or under a youthful offender law. Conviction(s) of a criminal offense is not a bar to employment in all cases. Each case is considered on its own merits and in relation to applicable state law, performance standards established by contracting authorities, and agency policies. These laws, standards or policies may change from time to time without prior notice.

THE FOLLOWING SECTION APPLIES TO PENNSYLVANIA APPLICANTS ONLY

PA Act 33 requires that public and private human service agencies obtain a report of criminal history record information from the Pennsylvania State Police or a statement that no such record exists for prospective employees. The Act also requires that non-Pennsylvania residents applying for employment obtain an FBI criminal history record report. In addition, the Act requires that a report be obtained from the Pennsylvania Department of Public Welfare that verifies the existence or non-existence of a founded or indicated report of child abuse. The prospective employee must present the originals of these documents to the prospective employer prior to hire or employment. The costs of these documents are borne by the applicant. The documents are only valid if dated less than one year prior to the date of application for employment.

Have you applied for these clearances? Yes No

Have you received these clearances? Yes No

If yes, please indicate date(s) validated by State/Federal Agency below:

Child Line Report (CY-113) Date Validated: _____

PA State Police (SP4-164) Date Validated: _____

If applicable, FBI (FD-285) Date Validated: _____

Employment Application (Continued)

THE FOLLOWING SECTION APPLIES TO ALL APPLICANTS

Have you ever been employed by Youth Advocate Programs, Inc.? Yes No

If you answered yes, please list the dates and check the reason for termination:

From: _____ To: _____

Reason for Termination

- | | | |
|---|---|---|
| <input type="checkbox"/> Resignation | <input type="checkbox"/> Reduction in the workforce | <input type="checkbox"/> Extended absence |
| <input type="checkbox"/> Mutual Agreement | <input type="checkbox"/> Unsatisfactory Performance | <input type="checkbox"/> Gross Misconduct |

I attest that the information contained in this application is correct to the best of my knowledge and understand that falsification of this information is grounds for refusal to hire, or if hired, dismissal.

I authorize the Youth Advocate Programs, Inc. to contact persons or organizations referenced in this application for the purpose of providing any and all information concerning my previous employment, education or any other information they might have personal or otherwise regarding my suitability for employment. I release all such parties from all liability for any damages that may result from furnishing such information.

In consideration for my employment and my being considered for employment by Youth Advocate Programs, Inc., I agree to conform to these rules and regulations of the corporation and acknowledge that these rules and regulations may be changed, interpreted, withdrawn or added to at any time at the corporation's sole option and without any notice to me.

I further acknowledge that my employment may be terminated and any offer of employment, if such is made, may be withdrawn, with or without cause, and with or without prior notice, at any time, at the option of the Youth Advocate Programs, Inc. or myself.

Applicant's Signature

Date

YOUTH ADVOCATE PROGRAMS, INC.

P.O. Box 950, 2007 North Third Street
Harrisburg, Pennsylvania 17108
(717) 232-7580

A Summary of Your Rights under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness and privacy of information in the files of every “consumer reporting agency” (CRA). Most CRAs are credit bureaus that gather and sell information about you – such as if you pay your bills on time or have filed bankruptcy – to creditors, employers, landlords and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681 – 1681u, at the Federal Trade Commission’s web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

•	You must be told if information in your file has been used against you. Anyone who uses information from a CRA to take action against you – such as denying an application for credit, insurance or employment – must tell you, and give you the name, address and phone number of the CRA that provided the consumer report.
•	You can find out what is in your file. At your request, a CRA must give you the information in your file and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare or (3) your report is inaccurate due to fraud. Otherwise a CRA may charge you up to eight dollars.
•	You can dispute inaccurate information with the CRA. If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source must also advise national CRAs – to which it has provided the data – of any error.) The CRA must give you a written report of the investigation and a copy of your report if the investigation results in any change. If the CRA’s investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
•	Inaccurate information must be corrected or deleted. A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
•	You can dispute inaccurate items with the source of the information. If you tell anyone – such as a creditor who reports to a CRA – that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you’ve notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.

•	Outdated information may not be reported. In most cases, a CRA may not report negative information that is more than seven years old or ten years old for bankruptcies.
•	Access to your file is limited. A CRA may provide information about you only to people with a need recognized by the FCRA – usually to consider an application with a creditor, insurer, employer, landlord or other business.
•	Your consent is required for reports that are provided to employers, or reports that contain medical information. A CRA may not give out information about you to your employer or prospective employer without your written consent. A CRA may not report medical information about you to creditors, insurers or employers without your permission.
•	You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers. Creditors and insurers may use file information be used as a basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete and return the CRA form for this purpose, you must be taken off the lists indefinitely.
•	You may seek damages from violators. If a CRA, user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

<u>FOR QUESTIONS OR CONCERNS REGARDING</u>	<u>PLEASE CONTACT</u>
CRA's, creditors and others not listed below	Federal Trade Commission Consumer Response Center – FCRA Washington, DC 20580 877-382-4367 (Toll-Free)
National banks, federal branches/agencies of foreign banks (work National or initials “N.A.” appear in or after bank’s name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (words “Federal” or initials “F.S.B.” appear in federal institution’s name)	Office of Thrift Supervision Consumer Programs Washington, DC 20552 800-842-6929
Federal credit unions (words “Federal Credit Union” appear in institution’s name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-518-6360
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 800-934-FDIC
Air, surface or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator – GIPSA Washington, DC 20250 202-720-7051