## **New York Youth Support Program, Inc. Job Application**

 111 Lyon Street
 Phone: (718) 880 - 1974
 Fax: (718) 880 - 1974

 Valley Stream, NY 11580
 Email: info@nyysp.com
 Cell: (516) 201 - 9660

Personal Information						
Last	First		MI	SSN#	Email	
						,
Street Address		City	ST	Zip	Home Phone	Mobile
	<u> </u>					
Are you entitled to work in the United States?			Are you 18 or o	lder?	If yes, Date of Birth	
Have you been convicted of a f	elony or been incarcera	ted in connection wit	h a felony in the p	past seven years?	If yes, please exp	lain:
Military Service?	Branch		Are y <mark>o</mark> u a veter	an?	War	
What position are you applying for?		How <mark>di</mark> d you hear about this position?				
Expected Hourly Rate	Expected Weekly Earnings		Date Available			
Prior Work Experience						
	Current or Most F	Recent	<mark>Pr</mark> ior		Prior	
Employer			7			
Address						
City, ST, ZIP				) (		
Telephone	y				AL	
Name of Immediate						
Supervisor	VODIV.	VALE	FILE CLU	DODE D	DOODA	. 8.6
MEAA	From	То	From	То	From	То
Dates of Employment						
Position/Job Title						
1 COMON/OCE TIME						
Pay						
Reason for Leaving						
May We Contact						
Education						
	Name/Location		Last Year Co	omplete	Degree	Major
			9 10	11 12		
High School						

College/University	1 2 3 4	
Trade School		
Other  List any applicable special nother sheet of paper if more space is re		
Disclaimer - By signing, I hereby certify that the above information, to the	Cignoture	Date
best of my knowledge, is correct. I understand that falsification of this information may prevent me from being hired or lead to my dismissal if hired. I also provide consent for former employers to be contacted regarding work records.	Signature	Date

