



999 164th Ave. N.E., Bellevue, WA 98008
Phone: 425-747-4937
Confidential Fax 425-957-0351

www.youtheastideservices.org
Bellevue • Kirkland • Redmond • Sammamish

INTERNSHIP APPLICATION

It is the policy of Youth Eastside Services (YES) to provide equal access to the provision of services, equal opportunity for membership, and equal opportunity for candidates for employment/advancement without discrimination and retaliation on the basis of race, creed, religion, color, ancestry, national origin, political ideology, age, gender, pregnancy, sexual orientation, disability, military status, veteran status, marital status, the presence of any sensory, mental, or physical handicap, or other protected characteristic.

However,

1. Employment is conditioned on a criminal history background check,
2. Upon employment, applicants are required to show proof of identity and citizenship/eligibility to work in the United States, and
3. Employees in licensed WA State Group Care Facility are required to be 21 years of age or older.

All information provided is private among YES' Hiring Committee and Human Resources Department.

CONTACT INFORMATION

Please PRINT or TYPE all requested information.

First Name:	Last Name:	Name you use:
Birthday:		Gender:
Street Address:		
City:	State:	Zip Code:
Phone:	Email:	

GRADUATE PROGRAM INFORMATION

University/College:		
Program/Degree Sought:		Anticipated Graduation Date:
Advisor Name:		Advisor Contact Information:
Total Internship Hours Needed:	Direct/Clinical Hours Needed:	Relational Hours Needed: <i>(if applicable)</i>
Supervisor Requirements:		Audio/Visual Requirements:
Other Requirements:		

A lifeline for kids and families.



BACKGROUND INFORMATION

Do you have a physical or medical condition that would limit your capacity for the position? <input type="radio"/> Yes <input type="radio"/> No	If "Yes," what accommodations are needed?
Have you ever been convicted of a felony? <input type="radio"/> Yes <input type="radio"/> No	Do you have reliable transportation? <input type="checkbox"/> Yes, car <input type="checkbox"/> Yes, bus <input type="checkbox"/> Yes, other <input type="checkbox"/> No
Are you currently on a student visa? <input type="radio"/> Yes <input type="radio"/> No	If "Yes," what is the expiration date?

The internship for which you are applying for is, at minimum, a 12-month commitment. YES cannot guarantee continuation of your internship beyond the expiration date of your visa.

Ethnicity (Spanish/Hispanic Origin):

Not Spanish/Hispanic Puerto Rican Other Spanish/Hispanic
 Mexican, Mexican American, Chicano Cuban

Race (Check all that apply):

<input type="checkbox"/> White/Caucasian	<input type="checkbox"/> Native American	<input type="checkbox"/> Laotian
<input type="checkbox"/> African American	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Guamanian/Chamorro
<input type="checkbox"/> African Ethnic	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Cambodian
<input type="checkbox"/> Japanese	<input type="checkbox"/> Samoan	<input type="checkbox"/> Other Pacific Islander
<input type="checkbox"/> Chinese	<input type="checkbox"/> Thai	<input type="checkbox"/> Other Asian
<input type="checkbox"/> Filipino	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Korean		

Languages and Fluency:

1.	<input type="radio"/> Native Speaker <input type="radio"/> Fluent <input type="radio"/> Moderate Proficiency <input type="radio"/> Low Proficiency
2.	<input type="radio"/> Native Speaker <input type="radio"/> Fluent <input type="radio"/> Moderate Proficiency <input type="radio"/> Low Proficiency
3.	<input type="radio"/> Native Speaker <input type="radio"/> Fluent <input type="radio"/> Moderate Proficiency <input type="radio"/> Low Proficiency
4.	<input type="radio"/> Native Speaker <input type="radio"/> Fluent <input type="radio"/> Moderate Proficiency <input type="radio"/> Low Proficiency



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RELEVANT WORK/EXPERIENCE/EDUCATION HISTORY

Current occupation & employer:		Years of job-related experience:
Highest degree earned:	Discipline of degree:	Year degree was completed:
Affiliations (service, memberships, church, clubs, ect.):		

AVAILABILITY

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning (8 a.m. - 12 p.m.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 9 a.m. - 1 p.m.
Afternoon (12 - 4 p.m.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Evening (4 - 8 p.m.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	N/A

PROFESSIONAL REFERENCES

Name	Relationship	Contact Info

I certify that the facts set forth are true and complete to the best of my knowledge. I understand that if I am accepted, false statements may result in dismissal. I authorize Youth Eastside Services to investigate facts set forth in this application and run a Washington State Patrol Criminal Background check.

Applicant Signature: _____

Today's Date: _____



APPLICANT INQUIRY AUTHORIZATION RELEASE AND "AT WILL" AGREEMENT

AUTHORIZATION

I hereby authorize inquiries by Youth Eastside Services into my employment, business, educational, financial and law enforcement records and personal references in order to determine my qualifications for employment. I also hereby authorize and request any person, agency or institution, to which any inquiry is directed to furnish information, including copies of records/transcripts pertaining to the above matters. This signed authorization or Photostat copy thereof shall be a complete release from all liability to me for furnishing such information to Youth Eastside Services.

I hereby waive any and all claims against YES and all of my past and/or current employers and release the same from any liability to arising from YES' request for and collection of information concerning my employment history, or from any such employer's furnishing such information about me.

To the best of my knowledge and belief, all of the information, which I have given to Youth Eastside Services in connection with my application for employment, consideration for promotion, or transfer, is complete and correct. I understand and agree that any false information given by me at any time in connection with said considerations may disqualify me from them, or result in my immediate dismissal.

I understand that YES offers no guarantees of minimum length of employment. Further, I understand that all employment at YES is "at will", which means that either YES or I may terminate the employment relationship at any time and for any reason, with or without advance notice. Finally, I understand that no representative or employee of YES has the authority to make any agreement contrary to the preceding sentence or to alter the "at will" employment relationship, unless that agreement is executed in writing by the Executive Director.

I have read, understand and agree to the above statement.

APPLICANT NAME (PLEASE PRINT)

DATE

APPLICANT SIGNATURE

OTHER NAMES

For the purpose of verifying the information obtained as a result of this authorization have you ever for any reason used another name other than that given above?

YES NO

PLEASE PRINT THAT NAME IN FULL:

YEARS USED:

WASHINGTON STATE PATROL

Identification and Criminal History Section
PO Box 42633, Olympia WA 98504-2633

REQUEST FOR CRIMINAL HISTORY INFORMATION CHILD/ADULT ABUSE INFORMATION ACT

RCW 43.43.830 THROUGH 43.43.845

(Instructions on Reverse Side)

A REQUESTING AGENCY/ADDRESS

Youth Eastside Services

Agency

Marian Tillman

Attn

999 164th Avenue NE, Bellevue, WA 98008

Address

I certify this request is made pursuant to and for the purpose indicated.

Authorized Signature

Date

Director of Human Resources

425-747-4937

Title

Area Code/Phone Number

B PURPOSE

Check appropriate box

- Educational School District (ESD)/School District Volunteer - no fee
- Non-Profit Business/Organization - no fee (Excluding Schools & ESD's)
- Profit Business/Organization - \$10
- Adoptive Parent - \$10

Fees: Make payable to **Washington State Patrol** by cashier's check, money order, or business account.

C APPLICANT OF INQUIRY (please provide as much information as possible name and date of birth are mandatory)

Applicant's Name: _____
Last First Middle

Alias/Maiden Name(s): _____

Date of Birth: _____ Sex: _____ Race: _____
Month/Day/Year

Social Security Number: _____ Driver's Lic. Number/State: _____ / _____

D IDENTIFICATION DECLARING NO EVIDENCE WASHINGTON STATE PATROL IDENTIFICATION & CRIMINAL HISTORY SECTION

As of this date, the applicant named below shows no evidence pursuant to RCW 43.43.830 through 43.43.845.

Youth Eastside Services

Requesting Agency

Applicant's Signature

Applicant's Name

Address

City/State/Zip

WSP Use Only

Applicant Right Thumb Print (Optional)