

## **BYEF Employment Application**

To Success Position:

This form is a part of the Bailey Youth Enrichment Foundation's process to insure we hire qualified individuals and a safe and secure environment for children and staff participating in our programs. All potential volunteers must complete this application.

BYEF reserves the right to make <u>all appropriate checks</u> on potential employment candidates to insure their suitability to perform the duties they will be assigned. This may include completion of an employment application, undergoing a background check at the expense of BYEF, and submitting character references. Staff working directly with children will also undergo a Missouri Health and Senior Services Family Care Registry check.

Please print				
First Name (current	/legal)			
Last Name (current	/legal)		Gender:	
Address		City/State/Zip		
How long at this add	dress	Date of Birth		••••
Telephone		Place of Birth		
Social Security	Ema	ail Address		
Character Refe	rences			
Name	Relationship/Association	Telephone #	Email Address	
1				
2				
	Training. Include the name of that organization, duties and			
2				
Is there any reason	that it would be inappropriate for es please explain on the back of	or you to supervise or		
I hereby attest that	the above information is true to	the best of my knowle	dge.	
(Signature)			(Date)	

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Complete If Selected		
In an emergency, notify:		

First Name	Last Name
Address	
Citv/State/Zip	Telephone
- 3	