

List your last three employers with the most recent first. If you are currently employed, may we contact your employer? Yes No

Date Employed Mo Day Year			Present/Last Employer	
From:			Phone #	City, State
To:				
Supervisor's Name			Supervisor's Title	
Your Title				
Reason for Leaving				
Date Employed Mo Day Year			Previous/Last Employer	
From:			Phone #	City, State
To:				
Supervisor's Name			Supervisor's Title	
Your Title				
Reason for Leaving				
Date Employed Mo Day Year			Previous Employer	
From:			Phone #	City, State
To:				
Supervisor's Name			Supervisor's Title	
Your Title				
Reason for Leaving				
PROFESSIONAL REFERENCES (PLEASE LIST ONLY REFERENCES WE MAY CONTACT)				
Name	Title and Professional Relationship		Phone Number and Extension	
				<input type="checkbox"/> Home <input type="checkbox"/> Work
				<input type="checkbox"/> Home <input type="checkbox"/> Work
				<input type="checkbox"/> Home <input type="checkbox"/> Work

APPLICANT RELEASE

I understand this application is only valid for the position applied for at present and that Youth Science Institute is not obligated to retain or consider this application for future openings. I also understand that if I am hired I will not be free to hold or accept employment with others which would create a conflict of interest with my employment by Youth Science Institute.

MY SIGNATURE BELOW CERTIFIES THAT I HAVE READ AND UNDERSTAND AND AGREE TO THE FOREGOING AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE INFORMATION ON THIS FORM IS TRUE AND CORRECT. IF I HAVE ATTACHED A RESUME IN LIEU OF COMPLETING SOME OF THIS APPLICATION, I REPRESENT THAT MY RESUME IS A COMPLETE RECORD OF MY EDUCATION, TRAINING AND WORK HISTORY AND THE INFORMATION ON MY RESUME IS TRUE AND CORRECT. I UNDERSTAND THAT SHOULD YOUTH SCIENCE INSTITUTE LEARN OF ANY MISREPRESENTATIONS OF FALSE INFORMATION PROVIDED BY ME, CONSIDERATION OF MY APPLICATION WILL TERMINATE IMMEDIATELY, OR IN THE EVENT I HAVE ALREADY BEEN HIRED, MY EMPLOYMENT WILL TERMINATE IMMEDIATELY.

Unless I specifically said "no," I agree that Youth Science Institute may contact my present and past employers to check this information and any matter related to my employment. I also authorize any person or company to give Youth Science Institute any information that it requests about me. I waive and release all persons and companies from any liability or damages that may result from the use, disclosure, or release of this information, whether it's favorable or unfavorable to me.

I understand that if Youth Science Institute hires me, I will be an at-will employee with no agreement about the length of my employment. Either Youth Science Institute or I may end the employment relationship at will, any time, with or without cause, and with or without notice.

Applicant Signature

Date of Application