

Van Go, Inc.
The Arts Train Application for Employment

**You must be 18-24 years old to apply*

****Questions? Contact Emma at Van Go: (785) 842 - 3797**

Applicant Information

Applicant Name _____ Age _____ Date of Birth _____

Home Phone _____ Cell Phone _____

Email Address _____

Current Address _____

Ethnicity _____ Gender _____ Social Security # _____

How did you find out about this job opening?: _____

Have you ever applied to / worked for Van Go, Inc. before? Y or N

If yes, please explain (include date): _____

Do you have any friends, relatives, or acquaintances working for Van Go, Inc.? Y or N

If yes, state name & relationship: _____

Education, Training and Experience

High School:

- School name: _____ City/State: _____
- Number of years completed: _____ Did you graduate? Y or N
- Degree / diploma earned: _____

College / University / Vocational School:

- School name: _____ City/State: _____
- Number of years completed: _____ Are you currently enrolled? Y or N
- Did you graduate? Y or N
- Degree / diploma earned: _____

Employment History

(Most recent) Employer Name: _____

Supervisor Name: _____

Address: _____ Phone: _____

Position & Duties: _____

Dates of Employment: _____ Reason for Leaving: _____

Employer Name: _____

Supervisor Name: _____

Address: _____ Phone: _____

Position & Duties: _____

Dates of Employment: _____ Reason for Leaving: _____

Reference

List below one person who has knowledge of your work performance within the last five years.

First & Last Name: _____

Email Address: _____ Phone: _____

Relationship: _____ Number of Years Acquainted: _____

Please answer the following questions to help us determine if you are eligible for our program. If hired, you may be asked to submit documentation to verify the questions 1-10. This information will remain confidential and is necessary for Van Go's funding sources:

- 1) Did you have an Individual Education Plan (IEP) in high school? Y or N
- 2) Are you receiving or eligible for food stamps? Y or N Unknown
- 3) Are you currently homeless? Y or N
- 4) Do you reside in public or Section 8 housing or receive Housing Authority services? Y or N
- 5) Are you expecting a child or already parenting? Y or N
- 6) Are you currently living with parents or guardians? Y or N;
If yes, may we contact? Y or N: Name and phone # _____
- 7) How many people besides you currently live in your household? _____
- 8) Have you ever received services from The Department of Children and Families (DCF), (formerly known as SRS)? Y or N; If known, name of worker _____
- 9) Have you ever received mental health services? Y or N; If so, name of provider _____
- 10) Have you ever received a mental health diagnosis? Y or N; If so, please provide diagnosis (i.e. depression, ADHD, etc.) _____
- 11) Have you ever received medication for a diagnosed mental health condition? Y or N;
- 12) Have you ever received services from Vocational Rehabilitative Services (Voc Rehab)? Y or N
- 13) Have you ever lived in foster care? Y or N

By signing below, I attest to the fact that the answers given by me are true and correct to the best of my knowledge and ability. I permit Van Go, Inc. to examine my references, record of employment, education record, and any other information I have provided. I authorize the reference and previous employers I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure.

Applicant's Signature: _____ **Date:** _____

Thank you for your application!

****Please return completed application to: Van Go, 715 New Jersey, Lawrence, KS 66044**