

City of Westland

PAUL MOTZ
DIRECTOR

KEVIN COLEMAN
MAYOR



YOUTH ASSISTANCE PROGRAM
36300 WARREN RD
WESTLAND, MI 48185
734.467-7904
YAP@CITYOFWESTLAND.COM

Westland Youth Assistance Program Employment & Volunteer Application

Date: _____

Position Applied For: _____

Full Name (First, Middle, Last): _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____

Work Phone: _____ Email: _____

The following information is needed for a criminal background check:

Date of Birth: _____ Social Security Number: _____

Driver's License Number: _____ Exp. Date: _____

Race: _____

Have you ever been convicted of a crime? Yes No

If yes, please explain: _____

Are there any felony charges pending against you? Yes No

If yes, please explain: _____



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Education

	Name & Location	Degree/Date	Major/Minor
High School			
College			
Other			

Past Work & Volunteer Experience

Employer: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Position Title: _____ Start Date: _____ End Date: _____

Supervisor Name & Title: _____

Description of Duties/Responsibilities: _____

Employer: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Position Title: _____ Start Date: _____ End Date: _____

Supervisor Name & Title: _____

Description of Duties/Responsibilities: _____



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Community/Professional Organizations, Honors, Awards: _____

Why would you like to work/volunteer for our program? _____

How did you hear about the Westland Youth Assistance Program? _____

Please list any hobbies, interests, and skills: _____

What are your career goals/aspirations? _____

Do you have your own reliable vehicle? Yes No

Please list the times you would be available to work on each day:

Monday	Tuesday	Wednesday	Thursday	Friday

Would you be available to attend a 15-hour Mentor Training (weekday evenings/weekend days)?

Yes No

College Interns Only

Total hours needed for internships: _____ Total hours available per week: _____



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References

Name: _____ Phone: _____

Company/School: _____

Address: _____ City: _____

State: _____ Zip: _____ How long have you known this person? _____

What is your relationship to this person? _____

Name: _____ Phone: _____

Company/School: _____

Address: _____ City: _____

State: _____ Zip: _____ How long have you known this person? _____

What is your relationship to this person? _____

Emergency Contact

Name: _____ Relation to you: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

I certify that all of the information in this application is true and complete to the best of my knowledge. I understand that any false or incomplete answers may be grounds for non-consideration or for my dismissal. I authorize the Westland Youth Assistance Program to contact my references and conduct a criminal background check in order to determine my eligibility as an employee, volunteer, or intern.

Print Name: _____

Signature: _____ Date: _____



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