# APPLICATION FOR EMPLOYMENT

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, disability or other protected classification.

## Name Date

**Address**

### street city state zip

Telephone number

Are you over 21 years of age? □ Yes □ No Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you authorized to work in the U.S. on a restricted basis? □ Yes □ No

How did you learn of this opening? Have you worked here before? □ Yes □ No

If Yes, please list the dates of Employment to

Have you been told the essential functions of the job or have you been shown a copy □ Yes □ No of the job description listing the essential functions of the job?

Can you perform these essential functions with or without reasonable accommodation? □ Yes □ No

Are there any hours, shifts or days you cannot or will not work?

Shift preferred Part-time Full-time

|  |  |  |
| --- | --- | --- |
| Are you willing to work overtime as required? | □ Yes | □ No |
| Have you ever been convicted of a felony?  (Conviction will not necessarily disqualify an applicant for employment.) | □ Yes | □ No |
| Describe conditions: |  |  |
| Do you have a valid driver’s license?  Do you have current auto insurance?  Can you provide proof of insurance? | □ Yes  □ Yes  □ Yes | □ No  □ No  □ No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Education** | **Name & Location of School** | **Year Graduated** | **Major** | **Diploma/Degree** |
| High School |  | N/A | N/A |  |
| College/University |  |  |  |  |
| College/University |  |  |  |  |
| Other Training/Ed |  |  |  |  |

In addition to your work history (reverse side), what other specific experiences, skills, or qualifications have helped prepare you for work with our organization?

I

Positions applied for: 1. 2. Wage or salary desired: $ When can you start?

**WORK HISTORY**

May we contact your present employer? □ Yes □ No

|  |  |
| --- | --- |
| Most Recent Employer | Address Telephone |
| Date Started:  Starting Salary: $ Per | Starting Position |
| Date Left:  Salary on Leaving: $ Per | Position on Leaving |
| Name & Title of Supervisor | Reason for Leaving |
| Descriptions of Duties |  |

|  |  |
| --- | --- |
| Previous Employer | Address Telephone |
| Date Started:  Starting Salary: $ Per | Starting Position |
| Date Left:  Salary on Leaving: $ Per | Position on Leaving |
| Name & Title of Supervisor | Reason for Leaving |
| Descriptions of Duties |  |

|  |  |
| --- | --- |
| Previous Employer | Address Telephone |
| Date Started:  Starting Salary: $ Per | Starting Position |
| Date Left:  Salary on Leaving: $ Per | Position on Leaving |
| Name & Title of Supervisor | Reason for Leaving |
| Descriptions of Duties |  |

APPLICANT’S CERTIFICATION AND AGREEMENT

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that background checks will be done and that if I am employed, false statements, omissions or misrepresentations may result in my dismissal. I authorize the Agency to make an investigation of any of the facts set forth in this application.

Federal law obligates us to provide a reasonable accommodation to the known disabilities of applicants and employees, unless to do so would pose an undue hardship. Please feel free to let us know if you need an accommodation to complete the application process or to perform any essential elements of the position sought.

The Child Guidance Center is an E-Verify participant. As an E-verify participant we are required to verify all newly hired employees, born U.S. citizens and non-citizens. Child Guidance Center may not verify selectively and must verify all new hires while participating in the E-Verify program. The program may not be used to prescreen applicants for employment, re-check employees hired before the company signed the Memorandum of Understanding (MOU), or re-verify employees who have temporary work authorization.

I understand that employment at this Agency is “at-will,” which means that either I or the Agency can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor or manager of the Agency, other than the Executive Director, in writing, has any authority to alter the foregoing.

Date: Applicant’s Signature