



EMPLOYMENT APPLICATION

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

Date: _____

Name: _____

Last

First

Middle

Maiden

Phone: (H): _____ (C): _____

Present Address: _____

Social Security Number: (Omit until hire) _____

Email Address: _____

Position Applied for: _____

Salary desired: _____

Days/hours available to work:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

How many hours can you work weekly? _____

Can you work nights? _____

Employment desired: _____ Full Time Only _____ Part Time Only _____ Full or Part Time

Have you ever been convicted of a crime? _____ Yes _____ No

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

Education

If you have submitted a resume please omit this section

	Name of School	Address of School	Number of Years Completed	Major and Degree	Did You Graduate?
High School					
Undergraduate					
Graduate					
Business or Trade School					

Transportation

Do you have a driver's license? _____ Do you have reliable transportation? _____.

D.L. Number _____ Exp. Date: _____ State of Issue ____ Class ____

Are you able to transport the client you serve in your own vehicle? _____ Yes _____ No

Have you had any accidents during the past three years? _____ Yes _____ No

Have you had any moving violations during the past three years? _____ Yes _____ No

If yes to either question, please explain. _____

Work Experience

If you have submitted a resume please omit this section

Please list your work experience for the **past five years** beginning with your most recent job held. Attach additional sheets if necessary.

Name of Employer: _____

Address: _____

Phone Number: _____ Name of Supervisor: _____

Employment Dates: _____ to _____ Salary/pay: _____

Your job title: _____

Reason for Leaving: _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. _____

May we contact your present employer? Yes No

Name of Employer: _____

Address: _____

Phone Number: _____ Name of Supervisor: _____

Employment Dates: _____ to _____ Salary/pay: _____

Your job title: _____

Reason for Leaving: _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. _____

Name of Employer: _____

Address: _____

Phone Number: _____ Name of Supervisor: _____

Employment Dates: _____ to _____ Salary/pay: _____

Your job title: _____

Reason for Leaving: _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. _____

References

Please list three references other than relatives. Include at least one professional reference.

Name: _____

Relationship to Applicant: _____

Company: _____ Position: _____

Telephone (_____) _____

Name: _____

Relationship to Applicant: _____

Company: _____ Position: _____

Telephone (_____) _____

Name: _____

Relationship to Applicant: _____

Company: _____ Position: _____

Telephone (_____) _____

Additional Information

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying. You may include any training/licenses/certificates that you hold.

Did you complete this application yourself? _____ Yes _____ No

If not, who did? _____

PLEASE READ CAREFULLY

Application Form Waiver

In exchange for the consideration of my job application by Child to Family Connections, Inc. (hereinafter called “the Company”), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Child to Family Connections, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the Director of the Company. Both the undersigned and Director may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies, and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I further understand that my employment with the Company shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of Applicant

Date

Child to Family Connections is an equal opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. If you require special accommodations, please let us know. We assure you that your opportunity for employment with Child to Family Connections depends solely on your qualifications.

Thank you for completing this application and for your interest in Child to Family Connections.