



# Application for Employment

## PERSONAL

Legal Name: (Last)			First:				Middle:		
Present Address: (Street)			City:		State:		Zip:		Phone #:
Have you been a resident of Ohio for the past 5 years? If no, provide last out of state address: (Street)			City:		State:		Zip:		Phone #:
Alternate Contact Numbers:	Cell #		OK to contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Can you, after an offer of employment, submit verification of your legal right to work in the United States? In the event of an offer of employment, all persons are required to provide documentation in compliance with the Immigration Reform & Control Act.			<input type="checkbox"/> Yes <input type="checkbox"/> No
	Work #		OK to contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No					
E-Mail Address:			How did you find out about Children's Advantage job opportunities?						
Have you previously been employed at Children's Advantage?					When?				

## POSITION

Position Desired:			Are you willing to work evenings?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Are you willing to use your personal car for work?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Date available for work:			Salary Expectations:			Per Month		Per Week	
Type of Employment Desired:	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	<input type="checkbox"/> Temporary	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Educational Co-Op	<input type="checkbox"/> Contract	<input type="checkbox"/> Intern		

## EDUCATION

Circle last year completed in school:	12	13	14	15	16	17	18	19	20	
SCHOOLS:	NAME		LOCATION				GRADUATE (Yes/No)	DEGREE	MAJOR	GPA
High School:										N/A
College:										
Graduate/Other:										

## SPECIALTY RELATED TRAINING

List any special training that you've completed that may qualify you for the position to which you are applying. Please include any clinical specialty, training, public speaking, human resources, recruiting, personal development and voluntary service, etc. Also, please list any personal computer, application development, computer programming training and experience, including software packages, you have worked on or programmed with:	

## LICENSING & CERTIFICATIONS

License/Certification	# (if applicable)	Date Issued (MM/DD/YY)
Have you ever been the subject of a disciplinary action brought against you by your licensing/certification board?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Explain:		

## SKILLS

For Positions Requiring Driving Only	License Number:		State:		For Office & Clerical Positions Only	Do you type?	<input type="checkbox"/> Yes <input type="checkbox"/> No	WPM:	
	Number of points currently on your license:					List other office equipment and office skills in which you are experienced and level of proficiency:			
	Has your license been revoked in the last five years?								



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## EMPLOYMENT HISTORY

Most Recent or Present Employer:		From (Mo/Yr):		Supervisor/Title:	Salary \$:	
		To (Mo/Yr):			[ ] per hour [ ] per month [ ] per year	
Employer's Address:				Summary of Job Responsibilities & Work Performed:		
Telephone Number:						
Job Title:						
Reason for Leaving:						
If now working, may we contact your present employer(s) NOW? [ ] Yes [ ] No — If no, please be aware that this employer may be contacted upon offer of employment.						
Most Recent or Present Employer:		From (Mo/Yr):		Supervisor/Title:	Salary \$:	
		To (Mo/Yr):			[ ] per hour [ ] per month [ ] per year	
Employer's Address:				Summary of Job Responsibilities & Work Performed:		
Telephone Number:						
Job Title:						
Reason for Leaving:						
If now working, may we contact your present employer(s) NOW? [ ] Yes [ ] No — If no, please be aware that this employer may be contacted upon offer of employment.						
Most Recent or Present Employer:		From (Mo/Yr):		Supervisor/Title:	Salary \$:	
		To (Mo/Yr):			[ ] per hour [ ] per month [ ] per year	
Employer's Address:				Summary of Job Responsibilities & Work Performed:		
Telephone Number:						
Job Title:						
Reason for Leaving:						
If now working, may we contact your present employer(s) NOW? [ ] Yes [ ] No — If no, please be aware that this employer may be contacted upon offer of employment.						

## REFERENCES

Provide Three Professional References:

Name	Address	Occupation	Telephone Number

## VOLUNTEER WORK EXPERIENCE

Name of Organization:		From (Mo/Yr):		Describe Services Provided (responsibilities, accomplishments)
		To (Mo/Yr):		
Address:				
Name of Person to Contact:				Telephone Number: [ ] per hour [ ] per month [ ] per year



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## MISCELLANEOUS

Have you ever been convicted of anything other than a minor traffic offense? <i>(a conviction is not necessarily a bar to employment)</i>		<input type="checkbox"/> Yes	If yes, when?	<input type="checkbox"/> No
If yes, explain:				
Do you have any pending or prior criminal arrests and charges related to child sexual abuse?		<input type="checkbox"/> Yes	If yes, when?	<input type="checkbox"/> No
If yes, explain:				
Do you have any convictions related to other forms of child abuse and neglect?		<input type="checkbox"/> Yes	If yes, when?	<input type="checkbox"/> No
If yes, explain:				
Do you have any convictions for violent felonies?		<input type="checkbox"/> Yes	If yes, when?	<input type="checkbox"/> No
If yes, explain:				

## Applicant Statement

I certify that all information I have provided in order to apply for and secure work with Children's Advantage is true, accurate and complete. I understand that any information provided by me that is found to be false, incomplete or misrepresented in any way may be sufficient cause to either stop further consideration of my employment, or to cause my immediate discharge from Children's Advantage employment, whenever it is discovered.

I expressly authorize, without reservation, Children's Advantage, its representatives, employees, or agents to contact and obtain information from all references, employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

During the application process and at any time during the tenure of my employment with Children's Advantage, I hereby authorize all agents of Children's Advantage to procure any information and records concerning me, including driving record reports and background verification, from any individuals, governmental agencies and departments, courts, court record repositories, law enforcement, licensing agencies, consumer reporting agencies and other entities.

I understand that Children's Advantage does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law. I understand that this application remains current for 90 days. If there is renewed interest by Children's Advantage to consider my employment at the conclusion of 90 days and I wish to still be considered for employment, it may be necessary for me to complete a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing, expressed language are valid unless they are in writing and signed by the Chief Executive Officer of Children's Advantage. I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement:

\_\_\_\_\_  
Please print name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date