

# CHILDREN'S EMERGENCY SHELTER HOME, INC.

PO Box 54, Hutchinson, KS 67504-0054

## APPLICATION FOR EMPLOYMENT

We are an Equal Opportunity Employer. Applicants for all job openings are welcome and will be considered without regard to race, color, religion, national origin, sex, age, sexual orientation, physical or mental disability, or any other basis protected by state, federal or local law. It is the intent of the Children's Emergency Shelter Home, Inc. to comply with all applicable federal, state and local legislation concerning equal opportunity in employment.

### PERSONAL INFORMATION

NAME: Please PRINT or TYPE	Social Security No.	Home Telephone No.
ADDRESS: Street Number and Name, City, State, Zip Code	Number of years at present address?	Message/Business No. + Ext. (    )
Can you, after employment, submit verification of your legal right to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Are you over 21?    If hired, do you have a reliable means of transportation to get to work? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO		
Please refer to the attached job description for the position to which you are applying. Are you able to perform all of these tasks with or without an accommodation? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Please describe below which tasks, if any, you will need an accommodation to perform, and explain what type of accommodation you will need:   		

### EMPLOYMENT DESIRED

Type of POSITION desired:	Date Available	Salary desired
Are you presently employed? <input type="checkbox"/> YES <input type="checkbox"/> NO    If yes, may we contact your present employer? <input type="checkbox"/> YES <input type="checkbox"/> NO		
The Children's Emergency Shelter Home is a 24-hour facility, most work schedules require flexibility. Please check as many as possible. Mark the shift(s) you are able to work.  <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights <input type="checkbox"/> Weekends		
Have you ever applied at the Children's Emergency Shelter Home before?  <input type="checkbox"/> YES <input type="checkbox"/> NO    If yes, when?	Have you ever been employed by the Children's Emergency Shelter Home before?  <input type="checkbox"/> YES <input type="checkbox"/> NO    If yes, when?	
How were you referred to the Children's Emergency Shelter Home: <input type="checkbox"/> Advertisement <input type="checkbox"/> Employee Referral <input type="checkbox"/> Website <input type="checkbox"/> Other (please specify below) (Please identify source below)  _____ Name of Employee _____		

## EDUCATION AND TRAINING

SCHOOL NAME & LOCATION	Years Attended From                      To	Graduate? (Yes/No)	What Degree	Major Subject/ Total Hours (if applicable)
Elementary				
High School				
College/University				
College/University				
Additional Information. Example: Classes (include dates), certificates, current licenses, specific equipment, and other skills.				

## U.S. MILITARY SERVICE DATA

Branch:
List Special Training or Skills:

## EMPLOYMENT DATA

PLEASE LIST IN ORDER OF MOST RECENT EMPLOYMENT FIRST				
<b>Company Name</b>	Phone No. (    )	Dates of Employment From (Mo/Yr)    To (Mo/Yr)		
Address (Include Street, City, State, Zip Code)				
Position	Reason for Leaving	Base Rate of Pay Start                      Final		
Supervisor (Name & Title)				
Description of Job Duties				
<b>Company Name</b>	Phone No. (    )	Dates of Employment From (Mo/Yr)    To (Mo/Yr)		
Address (Include Street, City, State, Zip Code)				
Job Title-Start	Job Title-Final	Base Rate of Pay Start                      Final		
Supervisor (Name & Title)				
Description of Job Duties				
<b>Company Name</b>	Phone No. (    )	Dates of Employment From (Mo/Yr)    To (Mo/Yr)		
Address (Include Street, City, State, Zip Code)				
Job Title-Start	Job Title-Final	Base Rate of Pay Start                      Final		
Supervisor (Name & Title)				
Description of Job Duties				

**REFERENCE DATA**

**THREE (3) REFERENCES ARE REQUIRED THAT ARE NOT RELATED TO YOU,  
WHOM YOU HAVE KNOWN AT LEAST ONE YEAR**

Name	Address	Company	Area Code	Phone	Years Acquainted

**PRE-EMPLOYMENT CERTIFICATION**

_____ Initial	I understand that this application is only valid for the position applied for at present and that the Children’s Emergency Shelter Home is not obligated to retain or consider this application for future openings.
_____ Initial	I authorize investigation of all statements contained in this application. I understand that falsification, misrepresentation, or omission of facts called for will result in immediate termination from employment or removal of my application from consideration. I authorize the Children’s Emergency Shelter Home to secure information about my experience with former employers, education institutions and agencies, and for those parties to provide information concerning my experience releasing all parties from any liability arising therefrom.
_____ Initial	If employed by the Children’s Emergency Shelter Home I will abide by the policies and rules. I understand that I will be required to possess a current and valid driver’s license.
_____ Initial	If I am offered employment, I understand and agree that I may be required to undergo a physical examination at the Children’s Emergency Shelter Home expense and that my offer of employment may be conditioned by that examination. I agree to authorize release of all results or information obtained from such physical examinations.
_____ Initial	I agree to submit to legally permissible drug and/or alcohol testing upon request by the Children’s Emergency Shelter Home. I recognize that the results of these tests may be used to determine my employment or continued employment.
_____ Initial	If I am employed by the Children’s Emergency Shelter Home I understand my employment can be terminated, with or without cause and with or without notice, at any time at the option of the Children’s Emergency Shelter Home or myself. I understand that, other than the Executive Director of the Children’s Emergency Shelter Home, no other board member, supervisor or representative of the Children’s Emergency Shelter Home has authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing. Only the Executive Director of the Children’s Emergency Shelter Home has the authority to make any agreement contrary to the foregoing and then only in writing. I further expressly agree that, with respect to the at-will employment relationship, this constitutes the full, complete and final expression of the parties’ intent concerning the nature of any employment relationship between the Children’s Emergency Shelter Home and myself.

**My signature below certifies that I have read and understand the foregoing and to the best of my knowledge and belief, the information on this form is true and correct.**

**My signature below also certifies that I agree to be bound by the terms and conditions stated in this application. This application contains all the understandings and agreements between me and the Children’s Emergency Shelter Home concerning the nature of my employment, if any, by the Children’s Emergency Shelter Home and supersedes all prior and/or contemporaneous practices, oral or written agreements, understandings, statements, representations and promises, express or implied, between me and the Children’s Emergency Shelter Home. I understand and agree that, except as noted above, no person who is either an agent or employee of the Children’s Emergency Shelter Home may modify, delete, vary or contradict, whether orally or in writing, the terms and conditions set forth herein.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date of Application