

Application for Employment



Personal Information ----- DATE: _____

LAST NAME		FIRST NAME		MIDDLE NAME	
DRIVER'S LICENSE NUMBER (PER POSITION)					STATE ISSUED
PRESENT ADDRESS		CITY		STATE	ZIP CODE
DAYTIME PHONE	EVENING PHONE		EMAIL ADDRESS		DATE OF BIRTH (MM/DD only)

Education History -----

NAME & LOCATION OF SCHOOL	DATES ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL			N/A
COLLEGE			
TRADE, BUSINESS, OR OTHER SCHOOL			

Former Employers (List last 10 years of employment history, starting with the most recent) -----

NAME OF PRESENT OR LAST EMPLOYER			<input type="checkbox"/> Please check this box if this job included work with minors and/or vulnerable adults		
ADDRESS		CITY		STATE	ZIP CODE
STARTING DATE	LEAVING DATE	JOB TITLE			
NAME OF SUPERVISOR		TITLE		PHONE	
DESCRIPTION OF WORK					
REASON FOR LEAVING					

Former Employers (continued) -----

APPLICANT NAME: _____

NAME OF PREVIOUS EMPLOYER		<input type="checkbox"/> Please check this box if this job included work with minors and/or vulnerable adults	
ADDRESS		CITY	STATE ZIP CODE
STARTING DATE	LEAVING DATE	JOB TITLE	
NAME OF SUPERVISOR		TITLE	PHONE
DESCRIPTION OF WORK			
REASON FOR LEAVING			

NAME OF PREVIOUS EMPLOYER		<input type="checkbox"/> Please check this box if this job included work with minors and/or vulnerable adults	
ADDRESS		CITY	STATE ZIP CODE
STARTING DATE	LEAVING DATE	JOB TITLE	
NAME OF SUPERVISOR		TITLE	PHONE
DESCRIPTION OF WORK			
REASON FOR LEAVING			

NAME OF PREVIOUS EMPLOYER		<input type="checkbox"/> Please check this box if this job included work with minors and/or vulnerable adults	
ADDRESS		CITY	STATE ZIP CODE
STARTING DATE	LEAVING DATE	JOB TITLE	
NAME OF SUPERVISOR		TITLE	PHONE
DESCRIPTION OF WORK			
REASON FOR LEAVING			

Former Employers (continued) -----

APPLICANT NAME: _____

NAME OF PREVIOUS EMPLOYER		<input type="checkbox"/> Please check this box if this job included work with minors and/or vulnerable adults	
ADDRESS		CITY	STATE ZIP CODE
STARTING DATE	LEAVING DATE	JOB TITLE	
NAME OF SUPERVISOR		TITLE	PHONE
DESCRIPTION OF WORK			
REASON FOR LEAVING			

NAME OF PREVIOUS EMPLOYER		<input type="checkbox"/> Please check this box if this job included work with minors and/or vulnerable adults	
ADDRESS		CITY	STATE ZIP CODE
STARTING DATE	LEAVING DATE	JOB TITLE	
NAME OF SUPERVISOR		TITLE	PHONE
DESCRIPTION OF WORK			
REASON FOR LEAVING			

NAME OF PREVIOUS EMPLOYER		<input type="checkbox"/> Please check this box if this job included work with minors and/or vulnerable adults	
ADDRESS		CITY	STATE ZIP CODE
STARTING DATE	LEAVING DATE	JOB TITLE	
NAME OF SUPERVISOR		TITLE	PHONE
DESCRIPTION OF WORK			
REASON FOR LEAVING			

Volunteer Experience (List volunteer work with minors and/or vulnerable adults from the last 10 years) -----

APPLICANT NAME: _____

AGENCY NAME			
ADDRESS		CITY	STATE ZIP CODE
STARTING DATE	LEAVING DATE	DESCRIPTION OF VOLUNTEER WORK	
NAME OF SUPERVISOR		TITLE	PHONE

AGENCY NAME			
ADDRESS		CITY	STATE ZIP CODE
STARTING DATE	LEAVING DATE	DESCRIPTION OF VOLUNTEER WORK	
NAME OF SUPERVISOR		TITLE	PHONE

AGENCY NAME			
ADDRESS		CITY	STATE ZIP CODE
STARTING DATE	LEAVING DATE	DESCRIPTION OF VOLUNTEER WORK	
NAME OF SUPERVISOR		TITLE	PHONE

AGENCY NAME			
ADDRESS		CITY	STATE ZIP CODE
STARTING DATE	LEAVING DATE	DESCRIPTION OF VOLUNTEER WORK	
NAME OF SUPERVISOR		TITLE	PHONE

AGENCY NAME			
ADDRESS		CITY	STATE ZIP CODE
STARTING DATE	LEAVING DATE	DESCRIPTION OF VOLUNTEER WORK	
NAME OF SUPERVISOR		TITLE	PHONE

Residence History (List last 10 years of residence history, starting with the most recent) -----

DATES	ADDRESS	CITY	STATE	COUNTY	ZIP CODE

APPLICANT NAME: _____

References -----

1. You must list a minimum of three references.
2. You must list as a reference a supervisor or co-worker from each job and volunteer experience in which you have worked with minors and/or vulnerable adults. The reference must be familiar with the quality of your work and must have known you in a work environment.
3. You must include at least one personal reference. If you have had no work or volunteer experience, list three personal references. If you have had many jobs and volunteer experiences involving work with minors and/or vulnerable adults, you must still include at least one personal reference. The personal reference(s) should include only individuals who have known you for more than one year such as family friends, school counselors, previous teachers, and family members.

NAME OF PERSONAL REFERENCE		RELATIONSHIP			
ADDRESS	CITY		STATE	ZIP CODE	
PHONE (required)		EMAIL			

NAME OF PERSONAL REFERENCE		RELATIONSHIP			
ADDRESS	CITY		STATE	ZIP CODE	
PHONE (required)		EMAIL			

NAME OF PERSONAL REFERENCE		RELATIONSHIP			
ADDRESS	CITY		STATE	ZIP CODE	
PHONE (required)		EMAIL			

References (continued) -----

APPLICANT NAME:

NAME OF PROFESSIONAL REFERENCE NOT RELATED TO YOU		WORK/VOLUNTEER RELATIONSHIP		
ADDRESS	CITY	STATE	ZIP CODE	
PHONE (required)		EMAIL		

NAME OF PROFESSIONAL REFERENCE NOT RELATED TO YOU		WORK/VOLUNTEER RELATIONSHIP		
ADDRESS	CITY	STATE	ZIP CODE	
PHONE (required)		EMAIL		

NAME OF PROFESSIONAL REFERENCE NOT RELATED TO YOU		WORK/VOLUNTEER RELATIONSHIP		
ADDRESS	CITY	STATE	ZIP CODE	
PHONE (required)		EMAIL		

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PHONE (required)		EMAIL		

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ADDRESS	CITY	STATE	ZIP CODE	
PHONE (required)		EMAIL		

NAME OF PROFESSIONAL REFERENCE NOT RELATED TO YOU		WORK/VOLUNTEER RELATIONSHIP		
ADDRESS	CITY	STATE	ZIP CODE	
PHONE (required)		EMAIL		