

## APPLICATION FOR EMPLOYMENT

This generic application is provided by Child Inc. This form complies with federal and state laws against discrimination given equal consideration for employment. Please provide all information requested. This application will be available for consideration for six (6) months. Should you like to be considered for employment after that time, you will need to complete a new application. Applications are the property of Child Inc. and cannot be returned to the individual. Applications for those accepting employment for those accepting employment with Child Inc. become part of the confidential personnel record retained by Child Inc.

### GENERAL INFORMATION

|   |                |   |                                |
|---|----------------|---|--------------------------------|
| <b>Name (Last)</b>  | <b>(First)</b> | <b>(Middle Initial)</b>   | <b>Home Telephone</b><br>( ) - |
| <b>Address (Current Address)</b>  | <b>(City)</b>  | <b>(State)</b>  | <b>(Zip)</b>                   |
| <b>E-Mail Address</b>   |                | Are you legally entitled to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No  |                                |
| Have you been convicted of a crime? Or have you ever been adjudicated with regard to (including an adjudication or delinquent conduct), pled guilty to, or pled no contest to a crime? ("Conviction" includes sentenced to confinement, paid a fine, served time, placed on probation (including deferred adjudication) and paid court- ordered restitution). Limit to response to offenses occurring during the last ten (10) yrs.<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                | If yes, list all such offenses including date and disposition (you may omit minor traffic violations for which you paid a fine of \$50.00 or less)<br>_____<br>_____<br>_____ |                                |

### POSITION

|  |   |                       |
|--|---|-----------------------|
| <b>Position for which you are applying</b>   | <b>Salary Desired</b>   | <b>Date Available</b> |
| Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No  |   |                       |
| Have you been terminated from employment? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "yes" please provide details<br>_____<br>_____  | Have you applied to Child Inc. before? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "yes" when? _____<br>For what position: _____   |                       |
| Do you have any relatives working for Child Inc. or serving on the Board of Directors, as parent committee, or as a member of the parent policy Council? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>If Yes, list name(s), relationship(s), and position held: _____ | Job Source:<br><input type="checkbox"/> Walk In <input type="checkbox"/> Job Fair <input type="checkbox"/> Job Board; which _____<br><input type="checkbox"/> College, which: _____<br><input type="checkbox"/> Other, which: _____ |                       |

### EDUCATION AND TRAINING (List the highest grade completed)

ATTACH COPY OF THE DIPLOMA FOR ANY DEGREE(S) AND/OR CERTIFICATIONS EARNED; ATTACH TRANSCRIPTS FOR COLLEGE COURSEWORK. PLEASE LIST ALL FIRST AID, CPR, CDA OR ANY OTHER RELEVANT CERTIFICATIONS YOU HAVE RECEIVED.

| College, Business School, Military (Most recent first) |                              |                             |                 |   |               |                  |
|--|------------------------------|-----------------------------|-----------------|---|---------------|------------------|
| Name and Location                                      | Dates Attended<br>Month/Year | Credits Earned              |                 | Graduate  | Degree & Year | Major or Subject |
|  |                              | Quarterly or Semester Hours | Other (Specify) |   |               |                  |
|  | From _____<br>To _____       |                             |                 | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |               |                  |
|  | From _____<br>To _____       |                             |                 | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |               |                  |

|   |        |              |                 |
|---|--------|--------------|-----------------|
| Occupational License, Certificate or Registration             | Number | Where Issued | Expiration Date |
| Occupational License, Certificate or Registration             | Number | Where Issued | Expiration Date |
| Occupational License, Certificate or Registration             | Number | Where Issued | Expiration Date |
| Languages Read, Written or Spoken Fluently Other Than English |        |              |                 |

**TECHNOLOGY SKILLS (List all skills and Software applications you have experience using)**

|                   |  |   |  |
|-------------------|--|---|--|
| Word processing   | <input type="checkbox"/> Yes <input type="checkbox"/> No | Spreadsheet   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Database          | <input type="checkbox"/> Yes <input type="checkbox"/> No | Other software:   | _____  |
| Microsoft Office: | <input type="checkbox"/> Yes <input type="checkbox"/> No | Explain Internet Skills, including the email usage: _____ |  |
| _____             |  |   |  |
| Scanner?          | <input type="checkbox"/> Yes <input type="checkbox"/> No | Copier?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                   |  | Digital Phone System?                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**MILITARY**

|   |  |
|---|--|
| Have you ever been in the armed forces?     | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you now a member of the National Guard? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Specialty: _____                            | Date earned: _____ Discharge Date: _____                 |

**WORK EXPERIENCE (Most Recent First) (Include voluntary work and military experience)**

|  |                                    |   |
|--|------------------------------------|---|
| <b>Employer</b>                                  | <b>Telephone Number ( ) -</b>      | <b>From (Month/Year)</b>  |
| <b>Address</b> City: State: Zip code:            |                                    |   |
| <b>Job Title</b>                                 | <b>Number Employees Supervised</b> | <b>To (Month/Year)</b>  |
| <b>Specific Duties (Maximum 1000 characters)</b> |                                    | <b>Hours Per Week</b>   |
|  |                                    | <b>Last Salary</b>  |
|  |                                    | <b>Supervisor</b>   |
|  |                                    | <b>Reason For Leaving</b>   |
|  |                                    | <b>May We Contact This Employer?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No |

|  |                                    |        |                           |
|--|------------------------------------|--------|---------------------------|
| <b>Employer</b>                                  | <b>Telephone Number ( ) -</b>      |        | <b>From (Month/Year)</b>  |
| <b>Address</b>                                   | City:                              | State: | Zip code:                 |
| <b>Job Title</b>                                 | <b>Number Employees Supervised</b> |        | <b>To (Month/Year)</b>    |
| <b>Specific Duties (Maximum 1000 characters)</b> |                                    |        | <b>Hours Per Week</b>     |
|  |                                    |        | <b>Last Salary</b>        |
|  |                                    |        | <b>Supervisor</b>         |
|  |                                    |        | <b>Reason For Leaving</b> |
| <b>Employer</b>                                  | <b>Telephone Number ( ) -</b>      |        | <b>From (Month/Year)</b>  |
| <b>Address</b>                                   | City:                              | State: | Zip code:                 |
| <b>Job Title</b>                                 | <b>Number Employees Supervised</b> |        | <b>To (Month/Year)</b>    |
| <b>Specific Duties (Maximum 1000 characters)</b> |                                    |        | <b>Hours Per Week</b>     |
|  |                                    |        | <b>Last Salary</b>        |
|  |                                    |        | <b>Supervisor</b>         |
|  |                                    |        | <b>Reason For Leaving</b> |

**EXPLANATION EMPLOYMENT GAPS**

PLEASE PROVIDE A DETAILED EXPLANATION OF ANY GAPS IN YOUR EMPLOYMENT HISTORY WHICH LASTED LONGER THAN THIRTY (30) DAYS.

| <b>Employment Gap Dates</b> |    | <b>Reason</b> |
|-----------------------------|----|---------------|
| From                        | To |               |
| From                        | To |               |
| From                        | To |               |

**REFERENCES (Other than Relatives)**

| <b>Name</b> | <b>Relationship</b> | <b>Telephone number</b> | <b>Email Address</b> |
|-------------|---------------------|-------------------------|----------------------|
| 1.          |                     |                         |                      |
| 2.          |                     |                         |                      |
| 3.          |                     |                         |                      |

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**PLEASE READ CAREFULLY BEFORE SIGNING**

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Child Inc. is an equal opportunity employer. Child Inc. does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service.

I understand that in connection with routine processing of my application Child Inc. will conduct background check. 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 Child Inc. permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release Child Inc. from any liability as a result of such contract.

I understand that any job offer is conditional upon the satisfactory results of state and Federal background checks, I-9 verification, reference checks, and pre-employment drug test (if applicable). I understand that any job offer will be immediately rescinded and any conditional employment immediately terminated without further employment rights if any unsatisfactory result is returned. I also understand that any hire is conditional until or unless approved by the Parent Policy Council or Board of Directors, as applicable.

I understand that this appointment will be at the discretion of the Executive Director, subject to the approval of the Board of Directors and/or Parent Policy Council of Child Inc. I further understand that no manager or other representative of the Agency other than the Executive Director has any authority to enter into any agreement for employment for any specified period of time. I also understand and agree that any claim of continued employment for any specified period of time shall be nonbinding on the Agency and unenforceable by me unless it is reduced to writing and signed by the Executive Director.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Employer. However, I further understand that neither the policies, rules, regulations of employment nor anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the Employer may terminate my employment at any time with or without notice or cause.

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that any falsified information or significant omission may disqualify me from further consideration and may be considered justification for dismissal if discovered at a later date.

\_\_\_\_\_  
Applicant Name (printed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date HR received application (Please initial)

**Child Inc. equal opportunity employers and providers of employment and training services.**

**APPLICANT'S AGREEMENT**

I hereby swear and affirm that no member of my family (as defined below) is a Parent Policy Council, Parent Committee Officer, or Board Member of Child Inc. I further understand that while I am employed, neither I nor any member of my family can hold such office.

A "family member" shall be considered husband, wife, father, mother, son, daughter, sister, brother, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, or domestic partner.

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Signature

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Date

**ADDENDUM**

ANSWERING THE QUESTIONS ON THIS PAGE IS NOT REQUIRED IN ORDER FOR THE APPLICATION TO BE COMPLETE. YOU MAY CHOOSE TO ANSWER OR NOT ANSWER ANY OR ALL OF THESE QUESTIONS. LEAVING THESE QUESTIONS BLANK WILL NOT RESULT IN AN APPLICATION'S REJECTION FOR LACK OF COMPLETION.

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**Voluntary Supplemental Information Card**

Name \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Last First Middle Month Day Year

**SUPPLEMENTAL INFORMATION CARD**

The information on this card is used for statistical reporting to various regulatory agencies. This information will be detached from your application and will in no way be used in consideration of your application for employment.

Male  Female

Race: American Indian or Alaska Native  Birth Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Asian  Month Day Year  
Black or African American   
Native Hawaiian or other Pacific Islander   
White   
Bi-Racial/Multi-Racial   
Other   
Unspecified

Ethnicity: Hispanic or Latino Origin  Non-Hispanic/Non-Latino Origin

Head Start Parent Current Past No Prefer Not to Answer

Position applying for: \_\_\_\_\_