



PROSPECTIVE EMPLOYEES WILL RECEIVE CONSIDERATION WITHOUT DISCRIMINATION BECAUSE OF RACE, COLOR, RELIGION, SEX, SEXUAL ORIENTATION, GENDER IDENTITY OR EXPRESSION, NATIONAL ORIGIN, AGE, DISABILITY, MARITAL STATUS, CITIZENSHIP, GENETIC INFORMATION, OR ANY OTHER CHARACTERISTIC PROTECTED BY LAW

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

DATE: _____

NAME:

Last	First	Middle

PRESENT ADDRESS:

Street	City	State	Zip Code	

PHONE NUMBER: ()

E-MAIL ADDRESS:

REFERRED BY:

EMPLOYMENT DESIRED

POSITION:

DATE YOU CAN START:

SALARY DESIRED:

ARE YOU EMPLOYED NOW?:

IF SO, MAY WE INQUIRE

OF YOUR PRESENT EMPLOYER?

HAVE YOU APPLIED WITH THIS COMPANY BEFORE?:

WHEN?

POSITION?:

CAN YOU, UPON EMPLOYMENT, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES? _____

(Note: If you have an H1-B visa with your current/past employer, the work authorization does not automatically transfer to another employer)

EDUCATION

	NAME AND LOCATION OF SCHOOL	GRADUATED/ CERTIFICATE?		COURSE OF STUDY	DEGREE/CERTIFICATE NAME
		YES	NO		
HIGH SCHOOL		<input type="checkbox"/>	<input type="checkbox"/>		
COLLEGE		<input type="checkbox"/>	<input type="checkbox"/>		
OTHER (SUCH AS TRADE SCHOOL)		<input type="checkbox"/>	<input type="checkbox"/>		
CERTIFICATION		<input type="checkbox"/>	<input type="checkbox"/>		
CERTIFICATION		<input type="checkbox"/>	<input type="checkbox"/>		

PLEASE SUMMARIZE SPECIAL TRAINING, SKILLS, QUALIFICATIONS, MILITARY SERVICES (DATE, BRANCH, & RANK). AS WELL AS CIVIC, SOCIAL, OR PROFESSIONAL, ETC.:

(EXCLUDE ORGANIZATIONS, THE NAME OR CHARACTER OF WHICH INDICATES THE RACE, CREED, SEX, MARITAL STATUS, AGE, COLOR, OR NATIONAL ORIGIN OF ITS MEMBERS)

FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, BEGINNING WITH PRESENT OR MOST RECENT)

DATE/MONTH/YEAR	NAME, CITY, AND PHONE NUMBER OF EMPLOYER	POSITION	REASON FOR LEAVING
FROM: TO: SUPERVISOR:			
DUTIES:			
FROM: TO: SUPERVISOR:			
DUTIES:			
FROM: TO: SUPERVISOR:			
DUTIES:			
FROM: TO: SUPERVISOR:			
DUTIES:			

COMMENTS:

REFERENCES (PLEASE LIST THE NAMES OF PERSONS WHOM WE MAY CONTACT THAT KNOW YOUR JOB QUALIFICATIONS. INCLUDE PRESENT OR FORMER SUPERVISORS FIRST, AND THEN PEERS. DO NOT INCLUDE RELATIVES.)

NAME	ADDRESS/PHONE NUMBER	BUSINESS	YEARS ACQUAINTED

IN CASE OF EMERGENCY, NOTIFY:

NAME

ADDRESS

PHONE NUMBER

HAVE YOU THOROUGHLY EXAMINED THE JOB DESCRIPTION AND ESSENTIAL FUNCTIONS OF THE JOB?: YES NO

CAN YOU PERFORM THESE ESSENTIAL FUNCTIONS OF THE JOB WITH OR WITHOUT REASONABLE ACCOMMODATION?: YES NO

I understand and certify that all information provided in this application and any attached resume is complete and accurate. I acknowledge that any false, misleading, or incomplete information may result in the rejection of this application or, if employed, dismissal. I agree to conform to the rules, policies, and regulations of Children's Fund and acknowledge that my employment and compensation are at the will of Children's Fund, which reserves the right to terminate my employment at any time, with or without cause, and with or without notice.

I authorize all individuals, schools, companies, and employers to provide verification of the information in this application and/or attached resume to Children's Fund or its representatives. I release these entities from any liability arising from providing such information and authorize Children's Fund to conduct a complete background check which may include police, criminal, and driving record inquiries, or other employment-related inquiries such as reference check investigations and obtain job-related information. I understand that the results of these inquiries will influence the decision to hire me and my continued employment.

I have read, understood, and agreed to the terms outlined. I recognize that any misrepresentation on this application may lead to its cancellation or my separation from employment if already hired.

Signature of Applicant: _____

Date: ____/____/____

