

## Acknowledgement and Authorization

I certify that answers given herein are true and complete to the best of my knowledge.

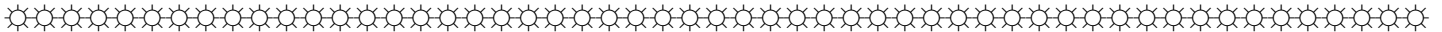
I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applicants are being accepted at this time.

I hereby understand and acknowledge that, unless otherwise defined by applicable laws, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be change by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also, That I am required to abide by all rules and regulations of the Employer.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_



**TO BE COMPLETED BY *CHILDREN FIRST* MANAGEMENT AFTER HIRE**

**SS#** \_\_\_\_\_

**D.O.B.** \_\_\_\_\_

**POSITION** \_\_\_\_\_

**DATE BACKGROUND CHECKED COMPETED** \_\_\_\_\_

**DHS REGISTRY COMPLETED** \_\_\_\_\_

## Education

Name and Location of School	Circle last Year Completed	Date Completed	Diploma or Degree
High School/GED	1 2 3 4		
College	1 2 3 4		
Vocational School	1 2 3 4		

## References

### Former Employers

Please list your last three employers, listing the most recent first.

Name and Address of Employer	Dates of Employment	Position	Salary	Reason for Leaving	Supervisor's Name and Phone Number
	From: To:				
	From: To:				
	From: To:				

## Personal References

List three people who have known you for at least one year. These persons should be familiar with your experience caring for children and able to vouch for you character, dependability, etc. **DO NOT LIST FAMILY MEMBERS.**

Name	Years Acquainted	Relationship (Friend, Co-Worker, Etc.)	Phone Number of Reference

# CHILDREN FIRST

## Employment Application

*CHILDREN FIRST* is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion disability or normal origin. Consistent with the Americans with Disabilities Act, applicants may request accommodations needed to participate in the application process.

Name: \_\_\_\_\_

Last

First

Middle

Present Address \_\_\_\_\_

Street

City

State

Zip

Phone \_\_\_\_\_ Cell or alternative phone \_\_\_\_\_

How did you learn about *CHILDREN FIRST*? \_\_\_\_\_ If you were referred, please list the name of the individual who referred you. \_\_\_\_\_

Are you at least 18 years of age or older? \_\_\_\_\_

Have you ever plead guilty to or been accused of any crimes other than a minor traffic violations? \_\_\_\_\_

If so, please explain. \_\_\_\_\_

### Employment Desired

Position applying for \_\_\_\_\_ Date you can start \_\_\_\_\_ Salary Desired \_\_\_\_\_

Are you employed now? \_\_\_\_\_ May we inquire of your present employer \_\_\_\_\_

Have you applied with this company before? \_\_\_\_\_ If so, when? \_\_\_\_\_

If applicable, dates of former employment with company \_\_\_\_\_

### General Knowledge

Job related skills or education (CCOT, CDA, Commercial drivers licenses, CPR, First Aid, etc)

If applicable hours completed towards CDA, Associates Degree, Associates of Applied Science, or Certificate of Mastery and estimated date of completion:

Do you have documentation of annual TB test? Yes \_\_\_\_\_ No \_\_\_\_\_