****

PROSPECTIVE EMPLOYEES WILL RECEIVE CONSIDERATION WITHOUT DISCRIMINATION BECAUSE OF RACE, RELIGION, SEX, PREGNANCY, MARTIAL OR DOMESTIC PARTNER STATUS, SEXUAL ORIENTATION, GENDER IDENTITY OR EXPRESSION, AGE, ANCESTRY, NATIONAL ORIGIN, CITIZENISHIP STATUS, UNIFORM SERVICE MEMBER STATUS, GENETIC CHARACTERICS, DISABILITY, OR MEDICAL CONDITION, AS DEFINED IN STATE AND FEDERAL LAWS.

**APPLICATION FOR EMPLOYMENT**

**PERSONAL INFORMATION**

DATE:

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME:** |  |  |  |
|  | Last | First | Middle |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PRESENT ADDRESS:** |  |  |  |  |
|  | Street | City | State | Zip Code |

|  |  |  |  |
| --- | --- | --- | --- |
| **PHONE NUMBER: (**      **)** |  | **E-MAIL ADDRESS:** |  |

|  |  |  |
| --- | --- | --- |
| REFERRED BY: |  | **CFRE Certification:** YES  NO |

**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?: | WHERE? | WHEN?: |

|  |
| --- |
| 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? COURSE OF STUDY**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| HIGH SCHOOL |  | YES | NO |  |
| COLLEGE |  |  |  |  |
| OTHER (SUCH AS TRADE SCHOOL) |  |  |  |  |

|  |
| --- |
|  |

|  |
| --- |
| OTHER SPECIAL TRAINING OR SKILLS: |
|  |
| ACTIVITIES: CIVIC, ATHLETIC, ETC.: |
| (EXCLUDE ORGANIZATIONS, THE NAME OR CHARACTER OF WHICH INDICATES THE RACE, CREED, SEX, MARITAL STATUS, AGE, COLOR, OR NATIONAL ORIGIN OF ITS MEMBERS) |

|  |
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|  |
|  |
| (CONTINUED) |

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|  |

**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 |

It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed. Furthermore, I understand that just as I am free to resign at any time, the Employer reserves the right to terminate my employment at any time, with or without cause, and without prior notice. I understand that no representative of the Employer has the authority to make any assurance to the contrary.

All employees serve an introductory period of 60 calendar days commencing with the first day of employment.

I give the Employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

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

**Supplemental Employment Application Information**

Name:

Driver’s License #:

Automobile Insurance Carrier:

**Background Check**

I understand and agree to undergo a Background Check in accordance with local laws and regulations after a conditional offer is made.

Agreed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**APPLICANT’S VOLUNTARY SELF-IDENTIFICATION RECORD**

Completion of this form is entirely voluntary, and all information will remain confidential and will not affect your application for employment. We are required by law to collect this information for Equal Opportunity Employment purposes, and it will not become part of your employment record if you are hired by Children’s Fund.

***ETHNIC GROUP / RACE:*** (Check one box)

HISPANIC OR LATINO: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

WHITE (Not Hispanic or Latino): A person having origins in any of the original people of Europe, the Middle East, or North Africa.

BLACK or AFRICAN AMERICAN (Not Hispanic or Latino): A person having origins in any of the black racial groups of Africa.

NATIVE HAWAIIAN or OTHER PACIFIC ISLANDER (Not Hispanic or Latino): A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

ASIAN (Not Hispanic or Latino): A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

AMERICAN INDIAN or ALASKA NATIVE (Not Hispanic or Latino): A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

TWO or MORE RACES (Not Hispanic or Latino): All persons who identify with more than one of the five races.

***VETERANS:*** (Check the appropriate box)

SPECIAL DISABLED VETERAN: Means (I) a veteran of the U.S. military, ground, naval, or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Department of Veterans’ Affairs for a disability (A) rated at 30 percent or more, or (B) rated at 10 or 20 percent in the case of a veteran who has been determined under Section 38 U.S.C. 3106 to have a serious employment handicap or (II) a person who was discharged or released from active duty because of a service-connected disability.

Veteran of the Vietnam-era: Means a person who (I) served on active duty in the U.S. military, ground, naval, or air service for a period of more than 180 days, and who was discharged or released therefrom with other than a dishonorable discharge, if any part of such active duty was performed: (A) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (B) between August 5, 1964, and May 7, 1975, in all other cases; or (II) was discharged or released from active duty in the U.S. military, ground, naval or air service for a service-connected disability if any part of such active duty was performed (A) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (B) between August 5, 1964, and May 7, 1975, in any other location.

Newly Separated Veterans: Means any veteran who served on active duty in the U.S. military, ground, naval or air service during the one-year period beginning on the date of such veteran’s discharge or release from active duty.

Other PRotected veterans: Means veterans who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized. For those with Internet access, the information required to make this determination is available at <http://www.opm.gov/veterans>. A copy of the list also may be obtained by calling (301) 306-6752 and requesting that a copy of the list be mailed to you.

Position Applying For:

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

Please print Signature Date