THE CHILDREN'S HOME EMPLOYMENT APPLICATION

PERSONAL INFORMATION

POSITION APPLIED FOR: _____ DATE AVAILABLE: _____

HOURS/DAYS AVAILABLE TO WORK: _____

Date of Application: _____ Social Security Number: _____

Name: _____ Telephone Number: _____

Address: _____
Street City State Zip

List all other names used including maiden: _____

List all cities and states where you have lived for the past ten years and the dates you lived there:

City	State	Dates From	To

Do you hold a valid and in good standing driver's license? Yes ___ No ____

License # _____ State: ____

Have you ever been convicted of a crime? Yes ____ No _____ if yes, please explain in the comments section.

If previously employed by The Children's Home? Dates of employment _____
Position _____ Department _____

List the name(s) of any relatives you may have who currently work for The Children's Home

_____

Are you able, without accommodation, to perform all functions of the job for which you are applying?

Yes ___No ___ if no, please describe the accommodation that you need in the comments section.

EDUCATION AND TRAINING

Highest Grade Completed: _____

Name of High School: _____ City/State: _____

List all colleges, universities or trade schools you have attended:

Name of School	City/State	Dates Attended	Major	Degree

List any language other than English that you are fluent in: _____

EMPLOYMENT EXPERIENCE

(List all employment in the past 10 years starting with most current)

1. Employer: _____

   Address: _____

   Telephone: _____

   Job Title: _____

   Dates Employed: _____to _____ Salary: _____

   Supervisor: _____ Reason for leaving: _____

2. Employer: _____

   Address: _____

   Telephone: _____

   Job Title: _____

   Dates Employed: _____to _____ Salary: _____

   Supervisor: _____ Reason for leaving: _____

3. Employer: _____

   Address: _____

   Telephone: _____

   Job Title: _____

   Dates Employed: _____to _____ Salary: _____

   Supervisor: _____ Reason for leaving: _____

4. Employer: _____

Address: _____

Telephone: _____

Job Title: _____

Dates Employed: _____to _____ Salary: _____

Supervisor: _____ Reason for leaving: _____

Personal References

Name: _____ Occupation: _____

Address: _____
Street City State Zip

Relationship to Applicant: _____Years Known: ___ Telephone: _____

Name: _____ Occupation: _____

Address: _____
Street City State Zip

Relationship to Applicant: _____Years Known: ___Telephone: _____

Name: _____ Occupation: _____

Address: _____
Street City State Zip

Relationship to Applicant: _____Years Known: ___ Telephone: _____

EMERGENCY CONTACT: Name_____ Telephone: _____

Relationship to Applicant: _____

COMMENTS

APPLICANT'S CERTIFICATION

PLEASE READ CAREFULLY BEFORE SIGNING. IF YOU HAVE ANY QUESTIONS REGARDING THE FOLLOWING STATEMENTS, PLEASE ASK FOR ASSISTANCE.

I CERTIFY THAT THE INFORMATION PROVIDED IN THIS EMPLOYMENT APPLICATION IS TRUE, CORRECT, AND COMPLETE. I HAVE ANSWERED ALL QUESTIONS TO THE BEST OF MY ABILITY AND I HAVE NOT WITHHELD ANY INFORMATION WHICH WOULD UNFAVORABLY AFFECT MY APPLICATION FOR EMPLOYMENT. I ACKNOWLEDGE THAT ANY MISREPRESENTATION OR OMISSION MAY BE THE CAUSE FOR MY REJECTION FROM EMPLOYMENT OR MAY RESULT IN MY SUBSEQUENT DISMISSAL IF I AM HIRED.
I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION, INCLUDING CONTACTING PERSONS NAMED AS REFERENCES. I HEREBY RELEASE ALL INDIVIDUALS FROM ANY LIABILITY FOR ANY DAMAGES WHATSOEVER RESULTING FROM GIVING SUCH INFORMATION.

IF HIRED, I ACKNOWLEDGE THAT MY EMPLOYMENT WILL BE "AT WILL" WHICH MEANS THAT EMPLOYMENT IS NOT PROVIDED FOR ANY PARTICULAR LENGTH OF TIME, AND THAT EMPLOYMENT MAY BE TERMINATED BY ME OR BY MY EMPLOYER AT ANY TIME, WITH OR WITHOUT CAUSE, AND WITHOUT PRIOR NOTICE. I ALSO UNDERSTAND THAT NO ONE, OTHER THAN THE EXECUTIVE DIRECTOR, HAS ANY AUTHORITY TO ALTER THE AT-WILL NATURE OF MY EMPLOYMENT, AND THAT THE EXECUTIVE DIRECTOR MAY ONLY DO SO IN WRITING, SIGNED BY ME.

Applicant Signature: _____ Date: _____

The Children's Home provides equal opportunity in employment, promotions, transfers, compensation, benefits, and layoff and recall procedures to all employees. No person will be discriminated against in employment because of race, creed, color, national origin, ancestry, age, sex, sexual orientation, disability, atypical cellular blood type, military or marital status and any other categories protected by federal and state law.

Candidate Release Authorization

I. In connection with my application for employment or continued employment at _____(the Company), I understand that a consumer report and/or an investigative consumer report will be ordered that may include information as to my character, general reputation, personal characteristics, mode of living, work habits, performance, and experience, along with reasons for termination of past employment. I understand that in compliance with applicable law and as directed by company policy and consistent with the job described, you may be requesting information from public and private sources about, but not limited to, my: workers' compensation injuries, driving record, court record, education, credentials, credit, and references. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

II. Medical and workers' compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a Consumer Reporting Agency. If so, I will be notified and given the name and address of the agency or the source that provided the information.

III. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies including the Minnesota Department of Labor.

IV. Massachusetts, Minnesota, Oklahoma, New York, Maine, Washington, New Jersey and California applicants only: if you want a free copy of the report(s) ordered, check this box □. The report(s) will be sent to you by the consumer reporting agency listed here. The reports will be processed by: ADP Screening and Selection Services, 301 Remington Street, Fort Collins, Colorado 80524. See attached Candidate Disclosure / Authorization Form for other notices.

V. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by _____(the Company) or its agent, to furnish the information described in Section I.

VI. I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer to _____. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released by my previous employer, is limited to the following DOT-regulated items: alcohol tests with a result of 0.04 or higher, verified positive drug tests, refusals to be tested, other violations of DOT agency drug and alcohol testing regulations, information obtained from previous employers of a drug and alcohol rule violation and any documentation of completion of the return-to-duty process following a rule violation.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release the employer and agents and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the requests for or release of any of the above mentioned information or reports.

Please print your full name LAST FIRST MIDDLE

Please print other names you have used

Home Address City State Zip Code

Social Security Number Date of Birth (FOR IDENTIFICATION PURPOSES ONLY)

The following states require sex and race to obtain information: AL, AR, FL, GA, IA, IL, IN, MI, OR, SC, TX, WI

Sex: ☐ Male ☐ Female Race: ☐ Asian ☐ Black/African American ☐ Hispanic/Latino ☐ White ☐ Other

Driver's License Number State Issuing License Name as it appears on license

I PROMISE THE INFORMATION THAT I PROVIDED ON THIS FORM IS TRUE AND CORRECT. I UNDERSTAND THAT DISHONESTY WILL DISQUALIFY ME FROM CONSIDERATION FOR EMPLOYMENT, OR IF I AM HIRED OR ALREADY WORK FOR THE COMPANY, THAT I MAY BE FIRED.

Signature **Today's Date**

If required, notarize here. When using an embossed seal, please shade with a pencil before faxing.

Subscribed and sworn before me:

Name

Date

Notary Public

My Commission Expires

THIS PAGE CONTAINS SENSITIVE INFORMATION. KEEP ONLY IN SECURE FILES, SEPARATELY FROM PERSONNEL RECORDS!