

Community Resources for Children Employment Application

An Equal Opportunity Employer



Please Print

How did you hear about the job opening?

- Newspaper CRC Website Internet Craig's List
 College _____ Friend/Relative _____ Other _____

Date Last Name First Name MI

Present Address

No. & Street City State Zip

Permanent Address (if different from present address)

No. & Street City State Zip

Home Phone Business Phone

Employment Desired

Position applying for: _____

Are you applying for:

Regular full-time work? _____ Yes No

Regular part-time work? _____ Yes No

Temporary work, e.g., summer or holiday work? _____ Yes No

What days and hours are you available for work?

If applying for temporary work, during what period of time will you be available?

From: _____ To: _____

Are you available for work on weekends? Yes No

Would you be available to work overtime, if necessary? Yes No

If hired, on what date can you start work? _____

Salary desired: _____

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Personal Information

Have you ever applied to or worked for our agency before? Yes No

If yes, when? _____

Do you have any friends or relatives working for our agency? Yes No

If yes, state name(s) and relationship:

Name	Relationship

Name	Relationship

Why are you applying for work at our agency ?

If hired, would you have a reliable means of transportation to and from work? Yes No

Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.)..... Yes No

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? Yes No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes No

If no, describe the functions that cannot be performed.

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? (Convictions for marijuana-related offenses that are more than two years old need not be listed.) Yes No

If yes, state nature of the crime(s), when and where convicted, and disposition of the case.

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Are you currently employed? Yes No

If so, may we contact your current employer? Yes No

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Education, Training, and Experience and Address

School	Name and Address	Did you Graduate?	No. of years Completed
High School	Name	Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree or Diploma
	Address		
	City State Zip		
College/ University	Name	Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree or Diploma
	Address		
	City State Zip		
Vocational/ Business	Name	Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree or Diploma
	Address		
	City State Zip		
Health Care Training	Name	Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree or Diploma
	Address		
	City State Zip		

Many of our customers (clients) do not speak English. Do you speak, write or understand any foreign languages? Yes No

If yes, which language(s)? _____

Do you have any other experience, training, qualifications, or skills which you feel make you especially suited for work at our agency? Yes No If so , please explain:

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Answer the following questions if you are applying for a professional position:

Are you licensed/certified for the job applied for? Yes No

Name of license/certification: _____ Issuing state: _____

License/certification number _____

Has your license/certification ever been revoked or suspended? Yes No

If yes, state reason(s), date of revocation or suspension, and date of reinstatement.

Employment History

List below all present and past employment starting with your most recent employer (last five years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

Name of Employer Telephone No.

Type of Business Supervisors Name

Address & Street City State Zip

Dates of Employment: _____ Weekly Pay: _____
From To Starting Ending

Your Position and Duties

Reason for Leaving

May we contact this employer for a reference? Yes No

Name of Employer Telephone No.

Type of Business Supervisors Name

Address & Street City State Zip

Dates of Employment: _____ Weekly Pay: _____
From To Starting Ending

Your Position and Duties

Reason for Leaving

May we contact this employer for a reference? Yes No

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Name of Employer _____ Telephone No. _____

Type of Business _____ Supervisors Name _____

Address & Street _____ City _____ State _____ Zip _____

Dates of Employment: _____ Weekly Pay: _____
From To Starting Ending

Your Position and Duties _____

Reason for Leaving _____

May we contact this employer for a reference?Yes No

Name of Employer _____ Telephone No. _____

Type of Business _____ Supervisors Name _____

Address & Street _____ City _____ State _____ Zip _____

Dates of Employment: _____ Weekly Pay: _____
From To Starting Ending

Your Position and Duties _____

Reason for Leaving _____

May we contact this employer for a reference?Yes No

Name of Employer _____ Telephone No. _____

Type of Business _____ Supervisors Name _____

Address & Street _____ City _____ State _____ Zip _____

Dates of Employment: _____ Weekly Pay: _____
From To Starting Ending

Your Position and Duties _____

Reason for Leaving _____

May we contact this employer for a reference?Yes No

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Military Service

Have you obtained any special skills or abilities as the result of service in the military?

Yes No If so, describe:

References

List below three persons not related to you who have knowledge of your work performance within the last three years.

First Name	Last Name	Telephone No.
Address & Street	City	State Zip
Occupation	No. of years Acquainted	

First Name	Last Name	Telephone No.
Address & Street	City	State Zip
Occupation	No. of years Acquainted	

First Name	Last Name	Telephone No.
Address & Street	City	State Zip
Occupation	No. of years Acquainted	

Please Read Carefully, Initial Each Paragraph and Sign Below

_____ I hereby certify that I have not knowingly withheld any information that might
Initials adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I hereby authorize Community Resources for Children to thoroughly investigate my
Initials references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____ I understand that nothing contained in the application, or conveyed during any
Initials interview, which may be granted, or during my employment, if hired, is intended to create an employment contract between the company and me. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the Company's designated representative.

_____ Should a search of public records (including records documenting an arrest,
Initials indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by the Company, I am entitled to copies of any such public records obtained by the Company unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

I waive receipt of a copy of any public record described in the paragraph above.

_____ Date

_____ Applicant's Signature