



Center for Human Services

changing lives building futures helping families

APPLICATION FOR EMPLOYMENT

Applicant's Full Name: _____
(Last) (First) (M.I) (Other Name)

Address: _____
(Street) (City) (State) (Zip)

Telephone Numbers: (Home) (____) _____ (Work) (____) _____

Social Security Number: _____ Valid Drivers Lic. # _____ State: _____
(Please note: Completion of Social Security number is optional. Failure to include your social security number on this form will not prohibit employment consideration, but may be required on other forms prior to employment.)

Position(s) applied for: _____

How did you learn about this Agency?

Newspaper Website College/University Internet Site Friend Other _____

Date available for employment: _____

Can you furnish verification of your legal right to work in the United States? Yes No

Have you previously applied for a position within this agency? Yes No

If you answered yes, please indicate date(s) and the position(s) applied: _____

Have you ever been interviewed through this agency? Yes No

If you answered yes, please indicate the date(s) and position(s) you interviewed for: _____

Have you ever been employed by this agency? Yes No

If you answered yes, please indicate the dates and the position held during employment: _____

Do you have any relatives currently working through this agency? Yes No

If you answered yes, please list relationship and the department working in: _____

List any language, other than English, that you can speak: _____

EDUCATION

	<u>Name/Location</u>	<u>Graduate</u>	<u>Type of Degree</u>
High School:	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
College:	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Other:	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

PROFESSIONAL REFERENCES (Please include 3 **professional** references. Typically a current or former employer, supervisor or someone else who has first-hand knowledge and can recommend you for employment)

	<u>Name</u>	<u>Address</u>	<u>Occupation</u>	<u>Phone</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

EXPERIENCE(List last position held **FIRST**.)

From: ___/___/___ Job Title: _____

To: ___/___/___ Employer: _____

Address: _____

Phone: _____ Supervisor: _____

Duties: _____

Reason for leaving: _____

left in good standing

From: ___/___/___ Job Title: _____

To: ___/___/___ Employer: _____

Address: _____

Phone: _____ Supervisor: _____

Duties: _____

Reason for leaving: _____

left in good standing

Affidavit

Center for Human Services requires a criminal history/ background check be conducted for all full-time, part-time and per diem employees upon hire, once an offer of employment has been extended. CHS may also use a third party to conduct the background check. The type of information that may be collected is as follows: criminal fingerprint background check, employment history, education, vehicle record, child abuse/ neglect records and/or professional/ personal references.

My signature below authorizes Center for Human Services (CHS) to conduct a background investigation. I further authorize the release of all information in connection with my application for employment. I hold harmless any individual or firm who may provide information in connection with this investigation, I waive the right of access to any such information and, without limitation, hereby release CHS and all reference sources from any and all liability and/or damages.

I further certify that I made true, correct and complete answers and statements on this application and acknowledge that they may be relied upon in considering my application for employment. I understand that any omission or false statement made on this application, or any supplement to it, may be sufficient grounds for failure to employ or grounds for my discharge.

Signature

Date