



APPLICATION FOR EMPLOYMENT

This application form is intended for use in evaluating your qualifications for placement. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form, are grounds for terminating the application process, or if discovered after placement, terminating placement. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to placement.

APPLICANT INSTRUCTIONS: If you need help filling out this application form or with any phase of the placement process, please notify the person that gave you this form and every reasonable effort will be made to accommodate your needs.

- Complete all pages
- If more space is needed, please attach an additional sheet of paper
- Print clearly: incomplete or illegible applications will not be considered

Please answer each question.

Consistent with relevant law, the information on this application will not be disclosed to unauthorized persons. Circle Y for yes or N for no. You may attach extra pages for explanations, if necessary.

APPLICANT INFORMATION

Date of Application: _____ Position Sought: _____

Name: _____
Last First Middle Maiden

Y N Have you used any other names? If yes, please list complete name and dates of use:

Name: _____ Dates: _____

Name: _____ Dates: _____

Y N Are you 21 years of age or older?

Current Address: _____
Street City State Zip County

Previous Address: _____
Street City State Zip County

Primary Phone #: _____ Secondary Phone #: _____

Social Security #: _____ Driver's License #: _____

Email Address: _____

On what date would you be available to start work? _____

JOB RELATED SKILLS

Note: Do not fill out any part of this section you believe is non-job related. If you choose to disregard any question in this section, please briefly note your reasons.

- Y N Have you been given a job description or had the job requirements explained to you?
- Y N If you answered yes to the previous question, do you understand the requirements?
- Y N Are you able to perform the requirements of this job with or without reasonable accommodations?
- Y N Do you have a current and valid driver's license?
 Name on License: _____ License #: _____
 State of Issue: _____ Expiration Date: _____
- Y N Do you have your own transportation?
 License Plate #: _____
 Auto Insurance Carrier: _____ Policy #: _____
- Y N If you answered no to the previous question, do you have access to transportation?
 If yes, describe: _____
- Y N Have you ever had any moving violations? (ex: speeding ticket, failure to yield, etc.)
 Please describe and give dates: _____

PROFESSIONAL REFERENCES

| | | | |
|---------------------|--|---------------------|--|
| Name | | Phone Number | |
| Relationship | | Years Known | |
| Address | | | |

| | | | |
|---------------------|--|---------------------|--|
| Name | | Phone Number | |
| Relationship | | Years Known | |
| Address | | | |

| | | | |
|---------------------|--|---------------------|--|
| Name | | Phone Number | |
| Relationship | | Years Known | |
| Address | | | |

PERSONAL REFERENCE

| | | | |
|---------------------|--|---------------------|--|
| Name | | Phone Number | |
| Relationship | | Years Known | |
| Address | | | |

SECURITY

List all states and countries you have lived in since the age of 18 (most recent first):

- State: _____ Country: _____
- State: _____ Country: _____
- State: _____ Country: _____
- State: _____ Country: _____

- Y N Have you ever used any social security numbers other than given on the previous page?
 If so, please list: _____

EMPLOYMENT HISTORY

Identify all employers for whom you have worked in the last ten years. Include part-time and temporary employers. List your most recent employer first. "See Resume" is not an acceptable response. Attach additional pages if needed.

- Please describe your activities during any gaps in employment in the last ten years. Do not include leave or time off due to illness or medical treatment.

| | |
|--|--|
| Employer Name | |
| Supervisor Name | |
| Address | |
| Phone Number | |
| Position Title and Duties Performed | |
| Dates of Employment | |
| Reason for Leaving | |

| | |
|--|--|
| Employer Name | |
| Supervisor Name | |
| Address | |
| Phone Number | |
| Position Title and Duties Performed | |
| Dates of Employment | |
| Reason for Leaving | |

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| Address | |
| Phone Number | |
| Position Title and Duties Performed | |
| Dates of Employment | |
| Reason for Leaving | |

EDUCATION

What is the highest grade you completed: _____

| | School Name(s) | City/State | Graduate? | Degree earned |
|-------------|----------------|------------|-----------|---------------|
| High School | | | | |
| College | | | | |
| University | | | | |
| Other | | | | |

LICENSES, CERTIFICATION, AND SPECIAL SKILLS

Please identify all professional and other licenses or certifications you currently hold or have held previously:

| Type | License # | Expiration Date | Issuing Agency, School, etc. |
|------|-----------|-----------------|------------------------------|
| | | | |
| | | | |
| | | | |

Please list any other skills or qualifications that may be job related or that you feel would be of value to this organization:

Please list languages in which you are fluent: _____

Please list any hobbies, activities, or experiences that might provide skills or knowledge helpful to the position you seek:

APPLICANT'S STATEMENT

I hereby authorize all employers, organizations, and other entities and persons identified in this form to release any information contained in their files or records concerning me.

YES NO

In consideration of the receipt and evaluation of this application by Children’s Village, I hereby release Children’s Village and any individual, employer, reference, or any other person or organization, including record custodians, both collectively and individually, from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs, or family on account of compliance or any attempts to comply with this authorization. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this application. *I HAVE CAREFULLY READ THE FORGOING RELEASE AND KNOW THE CONTENTS THEREOF, AND I SIGN THIS RELEASE AS MY OWN FREE ACT.*

YES NO

I understand and agree it is critical to Children’s Village that all employees conform to the highest standards of safety, interpersonal conduct, and sexual morality when clients or minors are involved. I affirm that I will strictly comply with Children's Village policies and procedures, including those concerning child safety and protection, sexual abuse and misconduct, and interpersonal relationships. I understand and agree that failure by me to abide by such policies and procedures may result in my immediate dismissal, or disciplinary action, all in the sole discretion of the Children's Village.

YES NO

If hired, I understand my employment is at will and can be terminated at the discretion of Children’s Village or at my option, without notice, at any time, except as specifically set forth in writing in a current individual employment agreement, if any, which I have entered into with Children’s Village. Absent such a written employment agreement, I understand I will be an at will employee, if hired.

YES NO

I understand that no representative of Children's Village has any authority to enter into my employment agreement for any specified period of time, or to assure me of any future position, benefits, or terms and conditions of employment, unless it is specifically stated in a current written agreement signed by the Chief Executive Officer.

YES NO

I understand this application is not an offer of employment and no promises or representations of employment have been made to me at this time.

YES NO

My responses above are truthful and accurate. I understand and agree that if they are not truthful and accurate, Children's Village, may determine that I am no longer qualified to be associated with its programs as an employee or volunteer in any capacity.

YES NO

I consent and agree that Children's Village may obtain a criminal background check upon me through a qualified department or division of law enforcement of the State of Idaho or any of its political subdivisions.

YES NO

Print Applicant Name: _____

Applicant's Signature: _____

Date: _____