

Children's Aid Society – Employment application

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify the Executive Director or Program Manager.

| | | | |
|--------------------------------|-------|--------------------------------------|-----|
| Position(s) Applied For: _____ | | Application Date: ____ / ____ / ____ | |
| Name: _____ | | Email: _____ | |
| LAST | FIRST | MIDDLE | |
| Address: _____ | | | |
| STREET | CITY | STATE | ZIP |
| Phone #: (____) _____ | | Mobile/Beeper/Other #: (____) _____ | |

Have you ever been employed here before? Yes No

If yes, give dates and positions: _____

Are you legally eligible for employment in this country? Yes No

Date available for work: ____ / ____ / ____ What is your desired salary range? \$ _____

Type of employment desired: Full-time Part-time Desired shift(s): 7am-3pm 3pm-11pm 11pm-7am

Are you currently under investigation or have an open case with CPS? Yes No

If yes, please provide date(s) and details: _____

Are you related or involved in any way with any current CAS staff, volunteers or Board members? Yes No

Have you been arrested, charged, pled "guilty" or "no contest" to, or convicted of a criminal offense? Yes No

If yes, please provide date(s) and details: _____

Answering 'yes' to these questions does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Provide Information on your last four (4) employers, assignments or volunteer activities, starting with the most recent.

| | | | |
|--|----|---|-----------------------------|
| FROM | TO | EMPLOYER | TELEPHONE # (____) _____ |
| STARTING JOB TITLE / ENDING JOB TITLE | | ADDRESS | |
| IMMEDIATE SUPERVISOR/TITLE | | SUMMARIZE WORK/RESPONSIBILITIES | |
| MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER | | | |
| REASON FOR LEAVING | | HOURLY RATE/SALARY START \$ _____ PER _____ FINAL \$ _____ PER _____ | |
| FROM | TO | EMPLOYER | TELEPHONE # (____) _____ |
| STARTING JOB TITLE / ENDING JOB TITLE | | ADDRESS | |
| IMMEDIATE SUPERVISOR/TITLE | | SUMMARIZE WORK/RESPONSIBILITIES | |
| MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER | | | |
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| REASON FOR LEAVING | | HOURLY RATE/SALARY START \$ _____ PER _____ FINAL \$ _____ PER _____ | |

Skills and Qualifications

Summarize any training, special skills and/or certificates that may increase your desirability as a candidate. _____

EDUCATIONAL BACKGROUND

| NAME AND LOCATION | # YEARS COMPLETED | DID YOU GRADUATE? | | COURSE OF STUDY |
|-------------------|-------------------|-------------------|--------|-----------------|
| HIGH SCHOOL | | | | |
| COLLEGE | | MAJOR | DEGREE | |

REFERENCES (please list at least two professional references)

| NAME | TELEPHONE | YEARS KNOWN |
|--------------|-----------|-------------|
| PROFESSIONAL | () | |
| PROFESSIONAL | () | |
| PERSONAL | () | |

APPLICANT STATEMENT

How do you hope to benefit from an association with the Children's Aid Society, and what do you hope to contribute?

Tell me about yourself? _____

What are your future goals? _____

Do you have a clear understanding of the position you are applying for? _____

If a youth talks back to you with defiance how would you address this matter? _____

What are your strengths and weaknesses? How do you compensate for you weaknesses? _____

What five qualities make you a good candidate? _____

I understand and agree that any misrepresentations by me in this application will be sufficient cause for cancellation of this application and/or separation from the Children's Aid Society if I have been employed. I understand that the Children's Aid Society does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state, or federal law.

I give the Children's Aid Society the right to investigate all references and to secure additional information about me, if job related, from all references (personal and professional), employers, public agencies, public records, licensing authorities, and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby release from liability the Children's Aid Society and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the Children's Aid Society and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

I understand that, if I am hired, just as I am free to resign at any time, the Children's Aid Society reserves the right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. I understand that no representative of the Children's Aid Society has the authority to make any assurances to the contrary.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that the Children's Aid Society is a 24 hour residential facility and that youth will need supervision at all times including weekends and holidays.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant statement.

Signature of Applicant: _____ Date: / /