



# APPLICATION FOR EMPLOYMENT

## Child & Family Resources, Inc.

2800 East Broadway Boulevard ❖ Tucson, Arizona 85716 ❖ (520) 881-8940 ❖ FAX (520) 325-8780  
*Application Must Be Completed in Full*

### PERSONAL INFORMATION

Social Security No. \_\_\_\_\_ Date of Application \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Present Address \_\_\_\_\_ Telephone (Day) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone (Evening) \_\_\_\_\_

For which position are you applying: \_\_\_\_\_

If hired, check yes or no if are you able to submit verification of legal right to work in the United States  Yes  No

### EDUCATION:

Elementary and/or High School: Check Highest Grade Completed <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> GED			
<i>Additional Education and Training</i>			
Name and Location of Training Program, College and/or University	Major Field of Study	Degree (Type)	Did You Graduate?

### PROFESSIONAL REGISTRATION, LICENSURE, ACCREDITATION AND/OR CERTIFICATION

Type	Registration No.	Expiration Date	State

To What Professional or Business Organizations Do You Belong? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What languages, other than English, do you speak fluently? Read: \_\_\_\_\_ Write: \_\_\_\_\_

\_\_\_\_\_

**- Resume Is Not a Substitute for Completing the Following -**

**EMPLOYMENT EXPERIENCE** - (Most recent employer first. Include a minimum of ten years if applicable. Use additional sheets if necessary)

**1.**

Name of Company \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Title of Position \_\_\_\_\_

Present or last salary \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Brief Description of Duties & Responsibilities \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

**2.**

Name of Company \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Title of Position \_\_\_\_\_

Present or last salary \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Brief Description of Duties & Responsibilities \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

**3.**

Name of Company \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Title of Position \_\_\_\_\_

Present or last salary \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Brief Description of Duties & Responsibilities \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

**4.**

Name of Company \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Title of Position \_\_\_\_\_

Present or last salary \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Brief Description of Duties & Responsibilities \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Please explain any gaps in your employment history: \_\_\_\_\_

Are you currently employed?  Yes  No Date available to start \_\_\_\_\_ Rate of Pay Expected \_\_\_\_\_



**APPLICANT AGREEMENT:**

*I certify that answers given are true and complete to the best of my knowledge. I authorize you to make any investigations and inquiries of my personal, employment, and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, or persons from all liability in responding to inquiries in connection with my application. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I will abide by all rules and regulations of Child & Family Resources, Inc.*

*I understand that any offer of employment is contingent upon drug test and fingerprint clearance. Employment is "at-will" and may be terminated by either employee or the employer at any time for any reason or no reason at all, with or without cause or notice. "At-Will" employment status may not be changed by any statement, verbal or written, by any official of Child & Family Resources, Inc.*

Printed Name

Signature of Applicant

Date Signed

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or the presence of a non job-related medical condition or handicap.

**FOR OFFICE USE ONLY - PERSONAL DATA  
(THIS SECTION ONLY TO BE COMPLETED AFTER A JOB OFFER HAS BEEN ACCEPTED)**

Are the minimum qualifications met?  Yes  No

Starting Position Title: \_\_\_\_\_ Department or Location: \_\_\_\_\_

Starting Salary: \_\_\_\_\_  Hour  Week Salary Review Date: \_\_\_\_\_  
Month Day Year

Date Position Filled: \_\_\_\_\_ Employee Start Date: \_\_\_\_\_  
Month Day Year Month Day Year

Interviewed By: \_\_\_\_\_ Will be Supervised By: \_\_\_\_\_

S.S.N.: \_\_\_\_\_

Benefits Coverage:  Single  Family

Date of Birth: \_\_\_\_\_ Sex \_\_\_\_\_  
Month Day Year

Effective Date of Coverage: \_\_\_\_\_

In Case of Emergency, Whom Can We Contact? \_\_\_\_\_  
Name Phone

Interviewer's Signature \_\_\_\_\_ Date: \_\_\_\_\_  
Month Day Year