



APPLICATION FOR EMPLOYMENT

childfamilyresources.org

Application Must Be Completed in Full
Submit Application to: humanresources@cfraz.org

PERSONAL INFORMATION

Social Security No.			Date of Application
Name			
<i>First</i>	<i>Middle</i>	<i>Last</i>	
Email Address			Cell Phone
Street Address			Home Phone
City	State	Zip Code	
Position you are applying for			Salary Requirements
Are you an AmeriCorps, Peace Corps, or other national service alumni? If yes, please indicate the service/s	Yes	No	
What languages, other than English, are you fluent in?			
Language	Speak	Read & Write	
If hired, are you able to submit verification of your legal right to work in the United States?	Yes	No	

EDUCATION

Name and Location of High School, Training Program, College and/or University	Major Field of Study	Degree (Type)	Did you Graduate?
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PROFESSIONAL LICENSURE, ACCREDITATION AND/OR CERTIFICATION

Type	Registration No.	Expiration Date	State
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PROFESSIONAL OR BUSINESS ORGANIZATION MEMBERSHIPS

EMPLOYMENT EXPERIENCE

List most recent employer first. Include a minim of ten year is applicable. Use additional sheets if necessary.

1. Company Name Phone
Street Address
City State Zip Code
Dates of Employment: From To Position Title
Present or Last Salary Immediate Supervisor
Name *Title*

Brief Description of Duties & Responsibilities

Reason for Leaving

2. Company Name Phone
Street Address
City State Zip Code
Dates of Employment: From To Position Title
Present or Last Salary Immediate Supervisor
Name *Title*

Brief Description of Duties & Responsibilities

Reason for Leaving

3. Company Name Phone
Street Address
City State Zip Code
Dates of Employment: From To Position Title
Present or Last Salary Immediate Supervisor
Name *Title*

Brief Description of Duties & Responsibilities

Reason for Leaving

4. Company Name Phone
Street Address
City State Zip Code
Dates of Employment: From To Position Title
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
If currently employed, may we contact this employer?	Yes	No	
Have you ever had a driver's license suspended or revoked?	Yes*	No	
Have you ever been convicted of any crime?	Yes*	No	

*If yes, describe in full

Have you worked under another name? Yes* No
* If yes, list name/s

List any relatives working here

Name	Location
Name	Location
Name	Location

PROFESSIONAL REFERENCES

1. Name	Phone	
Street Address		
City	State	Zip Code
2. Name	Phone	
Street Address		
City	State	Zip Code
3. Name	Phone	
Street Address		
City	State	Zip Code

VOLUNTEER EXPERIENCE

NARRATIVE – Please tell us why you are interested in this position.

APPLICANT AGREEMENT

I certify that the answers given are true and complete to the best of my knowledge. I authorize Child & Family Resources (CFR) 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 also acknowledge that I will abide by all rules and regulations of CFR.

I understand that any offer of employment is contingent upon a drug test and fingerprint clearance. Employment is “at-will” and may be terminated by either the 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.

Applicant Name

Applicant Signature

Date

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 non-job-related medical condition or handicap.