

FOR OFFICE USE ONLY	
Police Check	
Reference	
Interview	
TB Test	

# APPLICATION FOR EMPLOYMENT

Places and Programs for Children, Inc. will recruit, select, train, promote, and release persons without regard to race, color, religion, national origin, handicap, Vietnam-Era veteran status, age, or sex.

- CHC    CHG    CHOT    CHS  
 ADM    TRN    USDA    FS  
 Other

Position: \_\_\_\_\_

Department: \_\_\_\_\_

Full Name: _____			
Maiden Name: _____			
Home Address: _____	(Street Address)	(City)	(State) (Zip)
Home Phone #: _____	Business Phone #: _____		
Email: _____			
Present Employer: _____		Occupation: _____	
Business Address: _____			
May we contact your present employer: <input type="checkbox"/> YES <input type="checkbox"/> NO			

## EDUCATION AND TRAINING:

	Name and Location:	Date of Completion:	Major:	Degree:
High School				
College				
University				
Other				

## WORK EXPERIENCE (BEGIN WITH YOUR PRESENT OR LAST POSITION):

Name: _____	Length of Service: _____	From: _____	To: _____
Address: _____	(Street Address)	(City)	(State) (Zip)
Supervisor: _____	Telephone Number: _____		
Title: _____	Reason for Leaving: _____		
Duties: _____			

Name: _____	Length of Service: _____	From: _____	To: _____
Address: _____	(Street Address)	(City)	(State) (Zip)
Supervisor: _____	Telephone Number: _____		
Title: _____	Reason for Leaving: _____		
Duties: _____			

Name: _____	Length of Service: _____	From: _____	To: _____
Address: _____	(Street Address)	(City)	(State) (Zip)
Supervisor: _____	Telephone Number: _____		
Title: _____	Reason for Leaving: _____		
Duties: _____			

**MILITARY EXPERIENCE:**

<b>Branch:</b> _____	<b>Grade/Rank:</b> _____
<b>Length of Service:</b> _____	<b>Title of Your Position:</b> _____
<b>Duties:</b> _____	

**LIST PROFESSIONAL/CIVIC/COMMUNITY/SOCIAL AFFILIATION:**

_____
_____

**LIST EMPLOYMENT/VOLUNTEER EXPERIENCES IN WHICH YOU WORKED WITH CHILDREN:**

_____
_____

**HAVE YOU EVER WORKED FOR CHILDREN'S HARBOR BEFORE?     YES     NO**

<b>If yes, explain:</b> _____
_____

**LIST ANY SPECIAL SKILLS OR HOBBIES:**

_____
_____

**PLEASE LIST THREE REFERENCES OF PEOPLE WHO ARE NOT RELATED TO YOU AND WHO CAN FURNISH INFORMATION ABOUT YOU. A COMPLETE MAILING ADDRESS IS NEEDED.**

<b>1. Name:</b> _____	<b>Relationship:</b> _____	<b>Telephone #:</b> (    ) _____
<b>Address:</b> _____	_____	_____
(Street Address)	(City)	(State) (Zip)
<b>2. Name:</b> _____	<b>Relationship:</b> _____	<b>Telephone #:</b> (    ) _____
<b>Address:</b> _____	_____	_____
(Street Address)	(City)	(State) (Zip)
<b>3. Name:</b> _____	<b>Relationship:</b> _____	<b>Telephone #:</b> (    ) _____
<b>Address:</b> _____	_____	_____
(Street Address)	(City)	(State) (Zip)

**PLEASE LIST ALL RELATIVES CURRENTLY EMPLOYED BY PLACES AND PROGRAMS FOR CHILDREN, INC./CHILDREN'S HARBOR:**

<b>NAME:</b> _____	<b>AT:</b> <input type="checkbox"/> CHC <input type="checkbox"/> CHG <input type="checkbox"/> CHOT <input type="checkbox"/> CHS <input type="checkbox"/> ADM <input type="checkbox"/> TRN <input type="checkbox"/> USDA <input type="checkbox"/> FS <input type="checkbox"/> Other _____
<b>NAME:</b> _____	<b>AT:</b> <input type="checkbox"/> CHC <input type="checkbox"/> CHG <input type="checkbox"/> CHOT <input type="checkbox"/> CHS <input type="checkbox"/> ADM <input type="checkbox"/> TRN <input type="checkbox"/> USDA <input type="checkbox"/> FS <input type="checkbox"/> Other _____

It is agency policy that no staff shall have been convicted of a felony or a misdemeanor. Conviction for a felony or misdemeanor will be grounds for immediate separation from employment. (Personnel Policy effective 4/1/97)

I hereby affirm that the information provided on this form is true and complete. I understand that the information is subject to verification.

I understand that by submitting this application, I authorize inquiries to be made concerning my employment, character, and criminal history and child protective service history for the purpose of determining my suitability as an employee. All information will be held in strictest confidence. I also understand that if I am offered employment with the agency, my employment will be at will.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature