



The Children's Institute

Amazing Kids. Amazing Place.

APPLICATION FOR EMPLOYMENT

This organization is an equal opportunity employer. Applicants for all positions are considered without regard to race, color, national origin, religion, disability, ancestry, sex, age, veteran status, or sexual orientation.

Personal Information

Please Print

Name _____ Social Security No. _____
Last First Middle

Present Address _____
Number Street City State Zip Code

Telephone Number: (____) _____

Are you legally eligible for employment in the United States?
(Proof of citizenship or immigration status will be required upon employment) Yes No

Are you 18 years of age or older? Yes No

Position(s) applied for: 1st Choice _____ 2nd Choice _____

Do you want to work Full Time Part Time Temporary

If Part Time specify days & hours _____

Were you previously employed by us? Yes No If yes, when _____
In what Department _____ Position _____

If your application is considered favorable, on what date will you be available to work? _____ 20_____

Salary or hourly rate expected \$ _____

Have you ever plead guilty or been convicted of a felony or misdemeanor offense? Yes No

If the answer to the above question was "yes", please state the nature of such a plea or conviction(s) on which the guilty plea or conviction was entered. (Any conviction or guilty plea will not necessarily disqualify you from employment, but will be considered as it relates to your suitability for employment with respect to the position(s) for which you are applying).

Education

High School: Circle Number of Years Completed 1 2 3 4

School _____ City _____ State _____

High School Diploma or General Educational Development Test (G.E.D.) Yes No

College: Circle Number of Years Completed 1 2 3 4

School _____ City _____ State _____

Major _____ Degree Earned _____

If employed in a professional or technical capacity an original document of relevant diploma, license, certificate, or registration must be submitted to the hiring department director or supervisor for review.

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Other Training or Degrees

School(s) _____ City _____ State _____
 Course _____ Degree Earned _____
 Professional License # _____

Employment – Fill in completely, do not write see resume. List last employer first. Include U.S. military service.

1	Employer: _____ Telephone: () _____	Position: _____ Salary/Hourly Rate: _____
	Address: _____	Employed – (State month and year) From: _____ To: _____
	Name of Supervisor & Title: _____	Reason for Leaving: _____

2	Employer: _____ Telephone: () _____	Position: _____ Salary/Hourly Rate: _____
	Address: _____	Employed – (State month and year) From: _____ To: _____
	Name of Supervisor & Title: _____	Reason for Leaving: _____

3	Employer: _____ Telephone: () _____	Position: _____ Salary/Hourly Rate: _____
	Address: _____	Employed – (State month and year) From: _____ To: _____
	Name of Supervisor & Title: _____	Reason for Leaving: _____

4	Employer: _____ Telephone: () _____	Position: _____ Salary/Hourly Rate: _____
	Address: _____	Employed – (State month and year) From: _____ To: _____
	Name of Supervisor & Title: _____	Reason for Leaving: _____

May we contact the employers listed above? _____ If not, indicate by number(s) which ones you do not wish us to contact and give reason.

Did you work for any of these employers under a different name? Yes No
 If yes, what name did you use? _____

Do you have any friends or relatives that work here? Yes No
 Please list any other training, experience, or information pertinent to your application: _____

Carefully Read This Section Prior to Providing Signature Below:

I understand my employment is dependent upon satisfactorily passing a pre-placement health assessment and drug screen.

I hereby certify the foregoing statements contained in this application are true and correct to the best of my knowledge and belief, and understand that falsification of this information is grounds for disqualification from further consideration or, if I am employed, will be sufficient cause for immediate dismissal. I further authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision, and release from any and all liability and person or entity providing such information about me, pursuant to this authorization. This authorization extends to the release of all records of employment and to further answer all questions concerning my education, abilities, and prior employment record.

I understand and acknowledge my employment relationship with this organization is of an *at will* nature, which means I may resign at any time, and the employer may discharge me any time with or without cause. It is further understood this *at will* employment relationship may not be changed by any written document or by conduct unless this change is specifically acknowledged in writing by an authorized executive of this organization. Finally, I hereby agree to abide by the policies and procedures of The Children’s Institute.

Date: _____ Signature: _____

This application is void after a period of 180 days, and if you have not been hired in that time and are still interested in being considered for employment, then you must reapply.