



# APPLICATION FOR EMPLOYMENT

Childhaven is an equal opportunity employer. Various federal, state, and local laws prohibit discrimination based on race, color, sex, religion, national origin, ancestry, age, disability or marital status. Your response to any question will not be used as a basis for discrimination, but will be judged on its relevance to the position you are seeking.

## DEMOGRAPHIC INFORMATION

DATE OF APPLICATION \_\_\_\_\_

Name		Last	First
Home Address		City	State Zip
Mailing Address		City	State Zip
Phone Number 1 (    )		Phone Number 2 (    )	
Age <input type="checkbox"/> 21 Years or Older <input type="checkbox"/> 25 Years or Older			

## AVAILABILITY

Position Applying For (1 <sup>st</sup> Choice)		Position Applying For (2 <sup>nd</sup> Choice)					
How Did You Hear Of This Job Opening?							
Date You Can Start		Are You Interested In (check all that apply) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary					
Days And Hours Available							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start Time							
End Time							
Are you available to work on holidays? <input type="checkbox"/> Yes <input type="checkbox"/> No							

## EDUCATION

	Name and Location of School	Degree/Area of Study	Number of Years Attended	Certificate Received
High School /GED	Name			
	City/State			
College	Name			
	City/State			
Graduate School	Name			
	City/State			
Other	Name			
	City/State			

# CHILDHAVEN APPLICATION FOR EMPLOYMENT

## LICENSURE/CERTIFICATION/SKILLS

Are you currently certified in any of the following?  
 CPR     First Aid     EMT     CDL    Other (please specify): \_\_\_\_\_

List any languages in which you have skills (other than English). Please rate your proficiency: 1=Fluent, 2=Proficient, 3=Basic, 4=Elementary  
 Language \_\_\_\_\_ Rating \_\_\_\_\_    Language \_\_\_\_\_ Rating \_\_\_\_\_    Language \_\_\_\_\_ Rating \_\_\_\_\_

Please list any other experience or relevant training you have:

## EMPLOYMENT/VOLUNTEER HISTORY

List Employment starting with your most recent position.  
 Account for any time during this period in which you were unemployed by stating the nature of your activities.  
 Please indicate if you were employed under a different name.

Are you Currently Employed?    May we contact your current employer?  
 Yes     No        Yes     No

May we contact your past employer(s)?  
 Yes     No    Reason for Discharge: \_\_\_\_\_

Have you ever been discharged from employment?  
 Yes     No    If yes, why? \_\_\_\_\_

Have you previously worked for Childhaven?     Yes     No    Position Held: \_\_\_\_\_  
 Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_    Reason for Leaving: \_\_\_\_\_

Dates	Name/Address Of Employer	Position Held/ Supervisor	Salary/Wages	Major Duties	Reason For Leaving
From: _____ / _____ / _____ Mo                      Yr To: _____ / _____ / _____ Mo                      Yr	Name Address                      City State                      Phone		Starting  Final		
From: _____ / _____ / _____ Mo                      Yr To: _____ / _____ / _____ Mo                      Yr	Name Address                      City State                      Phone		Starting  Final		
From: _____ / _____ / _____ Mo                      Yr To: _____ / _____ / _____ Mo                      Yr	Name Address                      City State                      Phone		Starting  Final		
From: _____ / _____ / _____ Mo                      Yr To: _____ / _____ / _____ Mo                      Yr	Name Address                      City State                      Phone		Starting  Final		
From: _____ / _____ / _____ Mo                      Yr To: _____ / _____ / _____ Mo                      Yr	Name Address                      City State                      Phone		Starting  Final		

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## LEGAL

Are You A U.S. citizen or do you have a legal right and necessary documents to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What is your means of transportation to work?	
<b>CHILDHAVEN HAS ZERO TOLERANCE FOR ANY CHILD ABUSE OR NEGLECT</b>	
Please check/sign in the appropriate field:	
<input type="checkbox"/> I have <b>NO</b> substantiated referrals to a child protective services agency.	
Signature: _____	Date: _____
<input type="checkbox"/> I <b>HAVE</b> had a substantiated referral to a child protective services agency.	
Signature: _____	Date: _____
In case of emergency notify:	
_____	
Name	
_____	
Address	Phone Number
I, _____ the undersigned applicant, certify that all the information I have provided on this application is true and complete to the best of my knowledge. I understand that omitting requested information or giving false information on my application, in my interview(s), or in the progress of my pre-employment evaluation may result in rejection of my application or, if I am hired, termination.	
I understand that Childhaven, Inc. will contact my former/current employers for the purpose of obtaining information relating to or about my employment. I authorize the release of any information from previous employers or references to Childhaven. I release and discharge Childhaven and my current/former employers and/or references from any and all claims or liability which may arise from Childhaven inquiring about me in connection with my application for employment with Childhaven.	
I understand that Childhaven will conduct background searches to include but not limited to the following: State Court, Sex Offender Registries, State, Local, & Federal Law Enforcement, Motor Vehicle Reports, and the Children, Youth & Family Departments.	
I release and discharge CHILDHAVEN and my current and former employers from any and all claims and liability which may arise from CHILDHAVEN inquiring me in connection with my application for employment with CHILDHAVEN.	
_____	_____
Signature of Applicant	Date