



Application for Employment

Position Applied For: _____ Full-time Part-time*

PERSONAL INFORMATION:

Date: _____

Full Name _____ Former Name(s): _____

Address: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____

Telephone: Day: (_____) _____ Evening: (_____) _____

E-mail Address: _____

Social Security Number: _____ - _____ - _____

Date Available: _____ Salary Desired: _____ Per year/hour

Are you legally permitted to work in the United States? Yes No
(Proof of eligibility will be required upon offer of employment)

Are you over the age of 18 years? *(if no, you may be required to provide authorization)* Yes No

Have you ever applied to CAS before? Yes No *If yes, when?* _____

Have you ever been employed by CAS before? Yes No *If yes, when?* _____

Do you have any relatives employed by CAS? Yes No
If yes, whom? _____ *Relationship to you:* _____

How did you hear about CAS? Newspaper Ad Employment Agency CAS Website
 Current Employee Internet (Indicate site): _____

Do you have a valid driver's license? Yes No From which state? _____
(Answer this question only if you are applying for a job that requires driving)

**For Part-time only: If employed, what days and hours would you be available to work?*

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM							
PM							

The Children's Aid Society is an Equal Opportunity Employer

EDUCATION & TRAINING

Level of Education	Name and Location of School	Number of years completed	Area Of Study	Degree Received	GPA
High School					
Junior College					
College or University					
Graduate School					
Business or Trade					
Professional					
Military or Other					
Academic Honors					
Relevant Volunteer Experience					
Relevant Professional Organizations					
Licenses and Certifications					
Seminars or Classes					
Software or Equipment					
Other (Hobbies, etc. relevant to job)					

Note: Verification of all qualifications and licenses will be required upon an offer of employment

EMPLOYMENT HISTORY

Begin with most recent employer	Dates of Employment	Position (s) Held
Name: _____ Address: _____ Department: _____ Supervisor: _____ Supervisor's Title: _____ Supervisor's Telephone: _____	From: _____ <i style="text-align: center;">Month/year</i> To: _____ <i style="text-align: center;">Month/year</i>	
	Salary	Reason for Leaving
	\$ _____ <i style="text-align: center;">Starting</i> \$ _____ <i style="text-align: center;">Ending</i>	

	Dates of Employment	Position (s) Held
Name: _____ Address: _____ Department: _____ Supervisor: _____ Supervisor's Title: _____ Supervisor's Telephone: _____	From: _____ <i style="text-align: center;">Month/year</i> To: _____ <i style="text-align: center;">Month/year</i>	
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Name: _____ Address: _____ Department: _____ Supervisor: _____ Supervisor's Title: _____ Supervisor's Telephone: _____	From: _____ <i style="text-align: center;">Month/year</i> To: _____ <i style="text-align: center;">Month/year</i>	
	Salary	Reason for Leaving
	\$ _____ <i style="text-align: center;">Starting</i> \$ _____ <i style="text-align: center;">Ending</i>	

If this employment history extends less than 10 years, please copy this page and attach additional sheets.

PROFESSIONAL REFERENCES

Please list the contact information of three prior supervisors or directors who know you well and to whom we may refer to verify your previous employment status.

Name:	_____	Address:	_____
Organization:	_____	Telephone:	_____
Title:	_____	Years known:	_____
Name:	_____	Address:	_____
Organization:	_____	Telephone:	_____
Title:	_____	Years known:	_____
Name:	_____	Address:	_____
Organization:	_____	Telephone:	_____
Title:	_____	Years known:	_____

PERSONAL REFERENCES

Please list the contact information of two persons who know you well and to whom we may refer regarding your qualifications for the position applied for

Name:	_____	Address:	_____
Occupation:	_____	Telephone:	_____
Relationship:	_____	Years known:	_____
Name:	_____	Address:	_____
Occupation:	_____	Telephone:	_____
Relationship:	_____	Years known:	_____

PERSONAL INTEREST AND ADDITIONAL INFORMATION

Please use the following space to briefly indicate why you would like to be employed by The Children's Aid Society and to provide us with any additional information to describe your qualifications to the position that you are applying for.

Reference Clearance Authorization:

I hereby authorize The Children's Aid Society to contact prior employers, educational institutions, references and other individuals and entities to make inquiries and obtain information, including personnel files, relevant to my background, performance and abilities as an employee. I hereby release all such entities and individuals from any and all claims, including but not limited to claims of defamation, associated with the release or disclosure of such information to The Children's Aid Society. I agree that a copy of this authorization and release may be accepted with the same authority as the original.

Print Name

Sign Name

BACKGROUND CLEARANCES

Please answer each of the following background clearance questions *

Have you ever been found responsible for the abuse or neglect of a child? Yes No

Have you ever been convicted of a crime? Yes No

Are there any criminal, child abuse, or child neglect charges pending against you now? Yes No

If yes to any of the above, please give details. You may use an extra sheet if necessary

**Note: An answer of "yes" will not automatically bar employment but will be assessed on a case-by-case basis. Information disclosed will be kept confidential.*

The facts set above in my application are true and complete, and I authorize The Children's Aid Society to make any inquiry necessary to verify the information provided in this application. I understand and agree that any false statement in this application shall be sufficient cause for rejection of the application or, if employed, cause for dismissal.

I understand and agree that if I am offered employment, such employment is on an At-Will basis and may be terminated at any time and for any reason, with or without cause, by either me or The Children's Aid Society. A supervisor of the society has no authority whatsoever to make any contrary representations to any applicant or employee.

Print Name

Signature*

Date

**In addition to signing the last page of this application, please initial each page and any attachments.*