APPLICATION FOR EMPLOYMENT

Date: _____ Social Security Number: _____-_____-_____

Name: _____
Last First Middle

Present Address: _____

Permanent Address: _____

Day Phone: _____ Evening Phone: _____

EMPLOYMENT DESIRED

Position Applied for: _____

Salary Desired: _____

What type of work you applying for?

Regular full-time ❑ Yes ❑ No

Regular part-time ❑ Yes ❑ No

Temporary ❑ Yes ❑ No If yes, what period will you be available? From _____ To _____

What days and hours are you available for work? _____

Are you available to work on weekends? ❑ Yes ❑ No

Would you be available to work overtime, if necessary? ❑ Yes ❑ No

If hired, on what date can you start work? _____/_____/_____

Why are you applying for work at the Child Abuse Prevention Center?

_____

_____

_____

PERSONAL INFORMATION

Have you ever applied to or worked for the Child Abuse Prevention Center before? ❑ Yes ❑ No

If yes, when? _____

Do you have any friends or relatives working for the Child Abuse Prevention Center? ❑ Yes ❑ No

If yes, state name(s) and relationship: _____

Are you at least 18 years old? ❑ Yes ❑ No
(If under 18, hire is subject to verification that you are of minimum legal age.)

Have you ever been convicted if a criminal offense (felony or serious misdemeanor)? ❑ Yes ❑ No

If yes, state the nature of the crime(s), when and where convicted and disposition of the case.

_____

_____

EDUCATION, TRAINING AND EXPERIENCE

School	Name and Address	No of years completed	Did you graduate?	Degree/ Diploma
College/ University	Name Address City State Zip			
High School	Name Address City State Zip			
Vocational/ Business/ Other	Name Address City State Zip			
Other	Name Address City State Zip			
Other	Name Address City State Zip			

Answer the following questions if you are applying for a professional position:

Are you licensed/certified in California for the job applied for? ❑ Yes ❑ No

Name of license/certification: _____ Issuing state (if not CA): ____

License/certification number: _____

Has your license/certification ever been revoked or suspended? ❑ Yes ❑ No

If yes, state reason(s), date of revocation or suspension and date of reinstatement: _____

_____

_____

If hired, would you have a reliable means of transportation to and from work? ❑ Yes ❑ No

Answer the following questions if you are applying for a position that requires driving:

Do you have a valid California Driver License? ❑ Yes ❑ No

Do you have access to a car or other motorized vehicle? ❑ Yes ❑ No

Do you have or can you get liability insurance on such a vehicle? ❑ Yes ❑ No

EMPLOYMENT HISTORY

List below all present and past employment starting with your most recent employer. Account for all periods of unemployment. You must complete this section even if attaching a resume.

Employer's Name Employer's Address City State Zip Employer's Telephone Number	Supervisor's Name Dates of Employment Starting and Ending Salary May we contact this employer for a reference? ❑ Yes ❑ No	Job Title Job Responsibilities: Reason for Leaving:
Employer's Name Employer's Address City State Zip Employer's Telephone Number	Supervisor's Name Dates of Employment Starting and Ending Salary May we contact this employer for a reference? ❑ Yes ❑ No	Job Title Job Responsibilities: Reason for Leaving:
Employer's Name Employer's Address City State Zip Employer's Telephone Number	Supervisor's Name Dates of Employment Starting and Ending Salary May we contact this employer for a reference? ❑ Yes ❑ No	Job Title Job Responsibilities: Reason for Leaving:

REFERENCES

List below three persons not related to you who have knowledge of your work performance within the last three years.

First Name Last Name

Address City State Zip

Telephone Number Occupation Number of years acquainted

First Name Last Name

Address City State Zip

Telephone Number Occupation Number of years acquainted

First Name Last Name

Address City State Zip

Telephone Number Occupation Number of years acquainted

Please read carefully, initial each paragraph, and sign below.

_____ Initials	I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.
_____ Initials	I hereby authorize the Child Abuse Prevention Center to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the Child Abuse Prevention Center any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Child Abuse Prevention Center, my former employers and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.
_____ Initials	I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Child Abuse Prevention Center. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Child Abuse Prevention Center. and that no promises or representations contrary to the foregoing are binding on the Child Abuse Prevention Center. unless made in writing and signed by me and the designated representative.
_____ Initials	I understand that if I am hired, I will be required to attend Mandated Reporter Training within the first three months of my employment. I understand that all employees of the Child Abuse Prevention Center are responsible for reporting suspected child abuse under state law (California Penal Code 11166).

_____ Date

_____ Applicant Signature