

Children's Center of the Cumberlands

Application for Employment (Pre-Employment Questionnaire)

PERSONAL INFORMATION

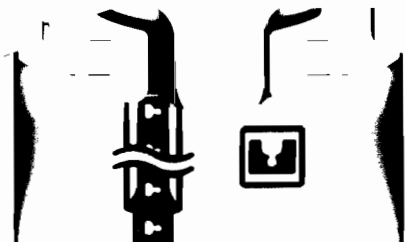
NAME (LAST NAME FIRST)			SOCIAL SECURITY NUMBER		
PRESENT ADDRESS		APT #	CITY	STATE	ZIP CODE
PERMANENT ADDRESS		APT #	CITY	STATE	ZIP CODE
ARE YOU 21 YEARS OR OLDER?	PHONE				
<input type="checkbox"/> YES <input type="checkbox"/> NO					

DESIRED EMPLOYMENT

DESIRED POSITION	DATE YOU CAN START	DESIRED SALARY RANGE
ARE YOU CURRENTLY EMPLOYED?	IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER?	
HAVE YOU WORKED FOR THE CHILDREN'S CENTER OF THE CUMBERLANDS BEFORE?	WHERE?	WHEN?
REASON FOR LEAVING		
NAME OF LAST SUPERVISOR AT THIS COMPANY		
WHO REFERRED YOU TO THE CHILDREN'S CENTER OF THE CUMBERLANDS?		
<input type="checkbox"/> EMPLOYMENT AGENCY <input type="checkbox"/> NEWSPAPER AD <input type="checkbox"/> FRIEND <input type="checkbox"/> STATE EMPLOYMENT OFFICE		
<input type="checkbox"/> COLLEGE PLACEMENT SERVICE <input type="checkbox"/> WALK IN <input type="checkbox"/> OTHER		
ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB YOU ARE APPLYING FOR WITH OR WITHOUT ACCOMMODATIONS?		
<input type="checkbox"/> YES <input type="checkbox"/> NO		

EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	DID YOU GRADUATE?	DEGREE (IF APPLICABLE)
HIGH SCHOOL			
COLLEGE OR UNIVERSITY			
GRADUATE STUDY/COLLEGE			
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL			



GENERAL

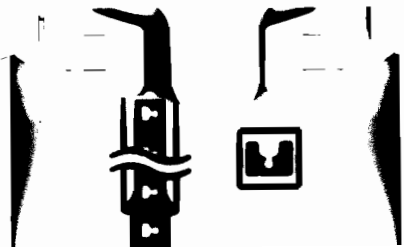
SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK
SPECIAL TRAINING, LICENSES, CERTIFICATIONS
SPECIAL SKILLS

FORMER EMPLOYERS (STARTING WITH MOST RECENT ONE FIRST)

NAME OF PRESENT OR LAST EMPLOYER				
ADDRESS		CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE		
STARTING SALARY	FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO		
NAME OF SUPERVISOR	TITLE	PHONE		
DESCRIPTION OF WORK				
REASON FOR LEAVING				

NAME OF PRESENT OR LAST EMPLOYER				
ADDRESS		CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE		
STARTING SALARY	FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO		
NAME OF SUPERVISOR	TITLE	PHONE		
DESCRIPTION OF WORK				
REASON FOR LEAVING				

NAME OF PRESENT OR LAST EMPLOYER				
ADDRESS		CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE		
STARTING SALARY	FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO		
NAME OF SUPERVISOR	TITLE	PHONE		
DESCRIPTION OF WORK				
REASON FOR LEAVING				



REFERENCES (Please provide five *professional* and 3 *personal* references that you have known at least five years, preferably individuals with whom or for whom you have worked)

	NAME	RELATIONSHIP TO YOU	YEARS ACQUAINTED	PHONE
1				
2				
3				
4				
5				
6				
7				
8				

SERVICE RECORD

BRANCH OF SERVICE	DISCHARGE DATE	DISCHARGE RANK

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST 5 YEARS?

YES

NO

IF YES, EXPLAIN (WILL NOT NECESSARILY EXCLUDE YOU FROM CONSIDERATION)

The Children's Center Of The Cumberland is an equal opportunity employer and does not discriminate on the basis of race, color, religion, sex, national origin, handicap, or engage in any other unlawful discrimination.

AUTHORIZATION

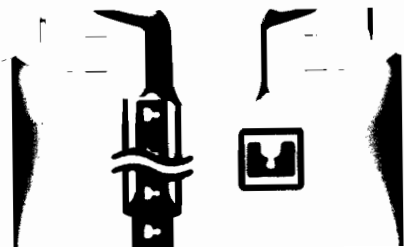
"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give The Children's Center of the Cumberland any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for damage that may result from use of such information.

I also understand and agree that no representative of The Children's Center of the Cumberland has any authority to enter into any agreement for employment for any specified period of time or to make agreement contrary to the foregoing unless it is in writing and signed by an authorized company representative. Employment at The Children's Center of the Cumberland is, at all times, strictly at-will, and employment can be terminated at any time by either party."

DATE _____

SIGNATURE _____



RELEASE and CONSENT for BACKGROUND CHECK

For the purpose of evaluating my qualifications to be an employee or a volunteer with The Children's Center of the Cumberland, I consent to The Children's Center of the Cumberland or its agents conducting a background check which may include investigation of my employment history, educational background, criminal history, military records, credit history and department of motor vehicle records. I understand that I may receive additional information about the nature and scope of the background check by submitting a written request.

I understand that The Children's Center of the Cumberland may deny me an opportunity for employment if it receives information that it considers unfavorable.

I release The Children's Center of the Cumberland or its agents from any liability resulting from use or disclosure of the information obtained from the background check.

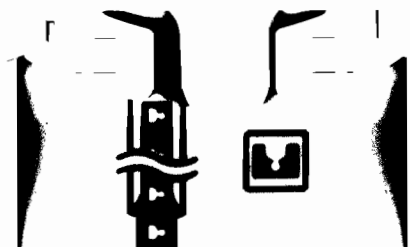
I have read this release and consent form and understand all of its terms. I sign it voluntarily and with full understanding of its significance.

Applicant's Signature

Date

Driver's License Number

Social Security Number



CONSENT FOR DRUG/ALCOHOL SCREEN TESTING

If you are offered and accept employment with The Children's Center of the Cumberlandands in the interest of safety for all concerned, you will be required to take a urine test for drug and/or alcohol use.

I, _____, have been fully informed of the reason for this urine test for drug and/or alcohol (I understand what I am being tested for), the procedure involved, and do hereby freely give my consent. In addition, I understand that the results of this test will be forwarded to my potential employer and become part of my record.

If this test is positive, and for this reason I am not hired, I understand that I will be given the opportunity to explain the results of this test.

I hereby authorize these test results to be released to The Children's Center of the Cumberlandands.

Signature _____

Date _____

Witness _____

Date _____

