

#### **Date Received**

## **Application for Employment**

We consider applications for all positions without regard to race, color, religion, creed, sex, national origin, disability, sexual orientation, citizenship status or any other legally protected status.

Positions Applied For	Date of Application						
How did you learn about us?	Advertisement	Rel	ative	Inquiry			
	Employment Agen	ncy Frie	end	Other			
Last Name	First Na	me		Middle	. Name		
Address		City			State	Zip Code	
Telephone Number(s)		Email					
D							AM PM
Best time to contact you at home					V	M -	
Are you over 18 years of age?					Yes	No	
Have you ever filed an applicatio	n with us before?				Yes	No	
If yes, give date							
Have you ever been employed w	ith us before?				Yes	No	
If yes, give date							
Do any of your friends or relative	s, other than spouse, v	work here?			Yes	No	
Are you currently employed?			Yes	No			
May we contact your present employer?			Yes	No			
Are you prevented from lawfully because of Visa or Immigration s	tatus?				Yes	No	
Proof of citizenship or immigration status	will be required upon employ	/ment					
Date available to work		What is you	r desired salar	y range?			
Are you available to work:	Full-Time F	Part-Time	Temporary				
Shift 1st (7:30/8:00 am – 3	:30/4:00 pm) 2	<sup>2nd</sup> (3:30/4:00 pn	ո – 9:00/12:00 բ	om)	3 <sup>rd</sup> (12:00 a	m – 7:30/8:00	am)
Are you currently on "lay-off" status and subject to recall?			Yes	No			
Can you travel if the job requires	it?				Yes	No	
Have you ever been convicted of	a felony?				Yes	No	
A criminal record does not constitute	an automatic bar to empl	oyment, but will	be considered if o	only it applie	s to the job in	question.	

#### **Education**

	Name and Address of School	Course of Study	Number of Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (specify)				

Describe any specialized training, apprenticeship, skills, and extra-curricular activities including any professional, trade, business or civic activities and offices held.

## **Personal References**

Name	Phone #/Email		
Address	City	State	Zip Code
Name	Phone #/Email		
Address	City	State	Zip Code
Name	Phone #/Email		
Address	City	State	Zip Code

## **Employment Experience** Please continue on a separate sheet of paper if you need additional space.

Start with your present or last job. Include any job-related military service assignments and volunteer activities for the last 5 years. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status. If applicable at the end indicate reason for absence of employment.

Employer	Dates Employed From	То
Supervisor Name & Email	Phone	Fax
Address	City	State Zip Code
Job Title		
Reason for Leaving	Work Performed	
Employer	Dates Employed From	То
Supervisor Name & Email	Phone	Fax
Address	City	State Zip Code
Job Title		
Reason for Leaving	Work Performed	
Employer	Dates Employed From	То
Supervisor Name & Email	Phone	Fax
Address	City	State Zip Code
Job Title		
Reason for Leaving	Work Performed	

# Chileda is an equal opportunity employer. This information is VOLUNTARY and will be used to assist us in our civil rights compliance.

Pacific Islander

Other

White

Native American

Hispanic/Latino

Race:

Asian

African American

Veteran: Yes No				
Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.				
Can you perform the essential functions of the job, for which you are applying, either with or without a reasonable accommodation?				
Yes No				
Applicant's Statement				
I certify that answers given herein are true and complete.				
I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.				
This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.				
I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.				
In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.				
Signature Date				



#### **Confidential Reference Request**

The undersigned, an applicant for employment with Chileda Institute, Inc., hereby authorizes the disclosure of any personal, educational, or employment information for use in determining suitability for employment. I release any and all parties from any claim for damages as a result of any disclosure of any information to Chileda Institute, Inc.. A copy of this authorization is deemed as valid as the original bearing my signature.

Applicant's Name	Applicant's Signature	Date			
Applicant's Social Security Number	This is to serve as (please check one)	Employment Reference	Personal Reference		
Employment Reference (to be completed by curre	ent or past employers)				
Dates of Employment From Dates of Emplo	yment To Company Name	!			
Name of individual completing form	Title of individual completing form				
Does your company policy allow the release of inform If "Yes" please continue this section. If "No" please sign, o		nployment? Yes No			
Position(s) Held	Eligible for re-hire? Yes No				
Please rate the applicant on the following areas using the scale below.  Poor  Satisfactory  Above Average  Outstanding Rating and Comments					
Quality of Work					
Initiative					
Judgment/Reasoning					
Dependability					
Cooperation					
Attendance  Do you know of any reason the applicant should not be Yes No	oe hired to work in the proximity of child	dren or young adults with dev	elopment disabilities?		
Personal Reference (to be completed by those list	ed as personal references)				
How long have you known the applicant and in what capacity?					
Do you feel comfortable in recommending this individ	dual for employment at Chileda (please i	include comments below)?	Yes No		
Do you know of any reason the applicant should not be hired to work in the proximity of children or young adults with developmental disabilities?  Yes No					
<b>Certification</b> (to be completed by ALL references)  To your knowledge has the applicant ever been implicated.	ited or convicted in a child or client abuse	e case? Yes No	Thank you for your prompt cooperation!		
Reference Signature	Date				