



# 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 not, 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	Name		Starting		
To: _____ Mo    Yr	Address                      City		Final		
	State                      Phone				
From: _____ Mo    Yr	Name		Starting		
To: _____ Mo    Yr	Address                      City		Final		
	State                      Phone				
From: _____ Mo    Yr	Name		Starting		
To: _____ Mo    Yr	Address                      City		Final		
	State                      Phone				
From: _____ Mo    Yr	Name		Starting		
To: _____ Mo    Yr	Address                      City		Final		
	State                      Phone				

