

Edgewood Center for Children and Families APPLICATION FOR EMPLOYMENT

Position Applied For			Date of Application		
Last Name		First Name		Middle Name	
Address		Street		City	State
				Zip Code	
Home Phone No.			Alternate Phone No.		
Social Security No.			Driver's License No.		
Email Address:			State	Expiration Date	

Are you 18 years of age or older? yes no Do you have a legal right to work in the U.S.? yes no

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity within 3 days of being hired.

In emergency contact:

Name: _____ Address: _____ Phone _____

Name: _____ Address: _____ Phone _____

EDUCATION

Highest Degree Award - High School A.A. B.A. B.S. M.A. M.S. Ph.D.

HIGH SCHOOL	Diploma	Date Completed
UNDERGRADUATE/COMMUNITY COLLEGE/OTHER	Degree/Major	
GRADUATE	Degree/Major	

CREDENTIALS/LICENSE(S)

Credential/Licenses(s) Held	Expiration Date	Professional Organization Memberships

Edgewood Center for Children and Families is an Affirmative Action/Equal Opportunity Employer. Qualified applicants are considered without regard to race, color, sex, sexual orientation, national origin, age, marital status, familial status, ancestry, religious creeds, veteran status, physical disability, mental disability, medical condition or any basis protected by law. The use of this form does not mean there are open positions at the agency and does not obligate the agency in any way. We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Those applicants requiring reasonable accommodation to the application and/or interview process should notify the Human Resources Department.

Type of Employment Desired Full-Time Part-Time Temporary Intern

How were you referred to us?

- Referred by employee (name) _____
- Newspaper (name) _____
- Job Posting (place) _____
- Walk-In _____
- Other _____

Do you have any relatives employed with Edgewood Center for Children and Families?

- yes no

If yes, please provide names below:

Name: _____ Relation: _____ Position: _____

Have you ever been convicted of a crime? [You need not identify convictions which have been sealed, expunged, dismissed, or otherwise eradicated by statute or court order, any marijuana-related convictions which are more than two years old, or information pertaining to referral to and participation in any pre-trial or post-trial diversion program.]

- yes no

If yes, please explain. PLEASE NOTE: We are required by the State of California, Community Care Licensing, to submit fingerprints for all employees to the Department of Justice (DOJ) and FBI for criminal record clearance. Conviction is not an automatic bar to employment. Each case will be considered on its own merits. Employment is contingent on receiving a clearance from Community Care Licensing.

Have you ever been discharged from any job? yes no

If yes, please explain.

EMPLOYMENT HISTORY (Begin with your most recent job)

Employer		Dates Employed		Work Performed
		From	To	
Address				_____
Telephone Number(s)		Salary		_____
Job Title	Supervisor(s)	Starting	Final	_____
Reason for Leaving				_____

May we contact? yes no

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Salary		
Job Title	Supervisor(s)	Starting	Final	
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Salary		
Job Title	Supervisor(s)	Starting	Final	
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Salary		
Job Title	Supervisor(s)	Starting	Final	
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Salary		
Job Title	Supervisor(s)	Starting	Final	
Reason for Leaving				

PROFESSIONAL REFERENCES (Please list three supervisory references not related to you)

Name	Years Known	Phone
Address		
Name	Years Known	Phone
Address		
Name	Years Known	Phone
Address		

ADDITIONAL INFORMATION

In the space provided below, provide any additional information you feel will assist us in evaluating your qualifications for employment, including technical training/education, professional registrations, skills, qualifications, memberships, scholastic awards and honors. (You may exclude information which might indicate race, color, religion, ancestry, sex, sexual orientation, national origin, age, disability, veteran status, marital status, medical condition, or any other protected classification.)

I hereby apply for employment with Edgewood Center for Children and Families and affirm that all information provided by me in this application is true and complete. I understand that any misrepresentation may result in rejection of my application or termination of my employment.

If I accept employment, I understand that it will be employment at-will, which means that I have the right to terminate my employment at any time with or without cause, with or without notice, and Edgewood reserves this same right.

I understand that after an offer of employment has been made and during my employment, Edgewood has the right to require a physical examination and TB Test to determine my fitness and ability to perform the essential functions of this position. I understand that refusal to undergo such examination/testing may result in termination of my employment.

I further understand that, as required by the State of California, after an employment offer has been made, and prior to employment at Edgewood, I will have fingerprints taken, and these fingerprints shall be forwarded to the Department of Justice (DOJ) and FBI for the purpose of receiving a criminal record clearance. I understand that a criminal record clearance for me is required prior to the first day of my employment.

I authorize Edgewood to investigate all statements in this application and to obtain any information including, but not limited to, that from my former and present employers, references, and academic institutions. This may include a full transcript of my record or service with them, or any information. I hereby release Edgewood from any and all liability arising from the giving or receipt of such information. I understand that any offer of employment is contingent on satisfactory reference and background investigation.

I agree that if employed I will abide by all policies and practices established by Edgewood. I understand Edgewood has the right to modify its policies and practices without giving me notice of the changes.

Signature: _____ Date: _____

Edgewood Center for Children and Families

VOLUNTARY AFFIRMATIVE ACTION INFORMATION

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related medical condition or handicap, or any other legal protected status.

DATE: _____ POSITION APPLIED FOR: _____

REFERRAL SOURCE:

Advertisement Employee Relative Walk-in School Government

Employment agency Private employment agency Other: _____

NAME OF SOURCE IF APPLICABLE: _____

APPLICANT'S NAME: _____ PHONE: _____

ADDRESS: _____

STREET

CITY

STATE

ZIP

As required, we comply with government regulations including Affirmative Action obligations where they apply. In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations, we ask that you complete this applicant data survey. Your cooperation is appreciated. Please be advised that your survey is **not** a part of your official application for employment. It is considered confidential information that will not be used in any hiring decision.

CHECK ONE..... MALE FEMALE

CHECK ONE OF THE FOLLOWING: LATINO AFRICAN AMERICAN CAUCASIAN

ASIAN/PACIFIC ISLANDER AMERICAN INDIAN/ALASKAN NATIVE

SPECIAL NOTICE TO VIETNAM ERA VETERANS, DISABLED VETERANS AND INDIVIDUAL WITH PHYSICAL OR MENTAL HANDICAPS OR DISABILITIES:

Government contractors subject to the Vietnam Era Veterans Readjustment Act of 1974 and the Rehabilitation Act are required to take affirmative action to employ and advance in employment qualified disabled veterans and veterans of Vietnam Era, and qualified handicapped individuals.

You are invited to volunteer this information. If you qualify, to assist in proper placement and determining reasonable accommodation. This information will be considered confidential, and refusal to provide this information will not adversely affect your consideration for employment.

IF YOU WISH TO BE SO IDENTIFIED, PLEASE CHECK IF ANY OF THE FOLLOWING ARE APPLICABLE:

Vietnam Era Veteran Disabled Veteran Handicapped Individual