

**CHILDSAVERS - MEMORIAL CHILD GUIDANCE CLINIC
APPLICATION FOR EMPLOYMENT**

Date: _____

Name: _____
Last First Middle

Address: _____
Street City State Zip

Telephone Numbers: Home _____ Work _____

Position for which you are applying: _____

Are you able to perform the functions of the job for which you are applying with or without reasonable accommodations? _____

If accommodations are required to enable you to perform functions of the job, please explain accommodations needed.

Have you ever been convicted of a felony or misdemeanor (excluding minor traffic violations)? _____
Yes _____ No _____ If yes, please give details.

**** PLEASE NOTE ANYONE WHO HAS BEEN CONVICTED OF ANY "BARRIER CRIMES" AS DEFINED BY THE CODE OF VIRGINIA TITLE 63.2, CHAPTER 17, ARTICLE 3 IS INELIGIBLE FOR EMPLOYMENT OR TO BE A VOLUNTEER AT CHILDSAVERS. IF YOU HAVE QUESTIONS, PLEASE CONTACT THE VICE PRESIDENT, ADMINISTRATION AND HUMAN RESOURCES.**

Type of Work: Full-Time () Temporary () Part-Time ()

Salary Expected: _____ Date Available to Start: _____

EDUCATION

High School Name _____

Address _____

Last Grade Completed _____ Date Completed _____

College Name _____

Address _____

Last Grade Completed _____ Date Completed _____

Graduate School Name _____
Address _____

Last Grade Completed _____ Date Completed _____

Other Name _____

Address _____

Last Grade Completed _____ Date Completed _____

EXPERIENCE

List employment history, listing most recent first:

◆ _____
Name of Firm or Agency

Address

_____	_____	_____
Position	Salary	Dates
_____	_____	_____
Reason for Leaving	Supervisor	May we contact

◆ _____
Name of Firm or Agency

Address

_____	_____	_____
Position	Salary	Dates
_____	_____	_____
Reason for Leaving	Supervisor	May we contact

◆ _____
Name of Firm or Agency

Address

_____	_____	_____
Position	Salary	Dates
_____	_____	_____
Reason for Leaving	Supervisor	May we contact

◆ _____
Name of Firm or Agency

Address

_____	_____	_____
Position	Salary	Dates
_____	_____	_____
Reason for Leaving	Supervisor	May we contact

List any professional certificates or licenses you possess:

Have you ever had a professional license or certificate revoked or suspended, or have you been investigated by any governmental agency or body for professional misconduct of any kind?

Yes

No

If yes, please explain: _____

List any Publications or Research: _____

REFERENCES

1. Name: _____

Address: _____

Phone: _____ Relationship: _____

2. Name: _____

Address: _____

Phone: _____ Relationship: _____

3. Name: _____

Address: _____

Phone: _____ Relationship: _____

I certify that all information given on this application is true and correct. I understand that inquiries to my work and personal history may be made. I hereby release from all liability or responsibility all person or companies furnishing such information.

I understand that completion of this application does not assure me of a position with ChildSavers - Memorial Child Guidance Clinic nor does it obligate ChildSavers - Memorial Child Guidance Clinic to me in any way. I also understand that any misleading or incorrect statements or the incomplete filling out of this application may render this application void and, if employed would be cause for immediate discharge.

I understand that if I become employed by ChildSavers - Memorial Child Guidance Clinic, such employment may be terminated by ChildSavers - Memorial Child Guidance Clinic at any time with or without cause.

This application will remain active for a period of 30 days.

Applicant's Signature

Date

Please submit completed application to the attention of:

Linda R. Whitaker, Vice President, Administration and Human Resources
ChildSAVERS
200 North 22nd Street
Richmond, VA 23223

Fax (804) 644-9596
Email lwhitaker@childsavers.org

Pursuant to federal regulations, we collect responses to the questions below for record keeping purposes. This information will not be kept with your application for employment. Federal law prohibits unlawful discrimination on the basis of race, color, sex, age, national origin, religion or disability.

Check the block for racial or ethnic group with which you identify:

- White (includes Arabian)
- Black (includes Jamaican, Bahamians and other Caribbean's of African but not Hispanic or Arabian decent)
- Hispanic (includes persons of Mexican, Puerto Rican, Central or South American or other Spanish origin or culture)
- Asian and Asian American (includes Pakistanis, Indians and Pacific Islanders)
- American Indians (includes Alaskans)

Check the block for the highest level of education you have completed: check only one

- Less than 8th grade
- Completed 8th grade
- Attended high school
- High school graduate or equivalent
- Attended college and/or associate degree
- College graduate
- Attended graduate school
- Master's degree
- Graduate study beyond master's requirements
- Ph.D. or professional degree

Check the appropriate block:

- Male
- Female

Veteran: Yes or No

Please indicate your date of birth: _____

Position applied for: _____