

ChildSavers Memorial Child Guidance Clinic
Application for Employment

PERSONAL INFORMATION

Date: _____

Name: _____
Last First Middle

Address: _____
Street City State Zip

Primary phone: _____ Secondary phone: _____

Email address: _____

Are you legally eligible to work in the US? Yes ____ No ____

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 explain: _____

If selected for employment are you willing to submit to a background check? Yes ____ No ____

** 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 **

POSITION

Position for which you are applying: _____

Employment desired: Full-Time ____ Part-Time ____ Contract ____

Salary expected: _____ Date available to start: _____

Where did you hear about the position?

____ ConnectVA ____ ChildSavers website ____ ChildSavers employee ____ Indeed ____ University job board

Other (please specify): _____

EDUCATION

High School

Name: _____

Address: _____

Last grade completed: _____ Date completed: _____

College

Name: _____

Address: _____

Number of years attended: _____ Date completed: _____

Major: _____ Degree received: _____

Graduate School

Name: _____

Address: _____

Number of years attended: _____ Date completed: _____

Major: _____ Degree received: _____

Other

Name: _____

Address: _____

Number of years attended: _____ Date completed: _____

Major: _____ Degree received: _____

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:

EXPERIENCE

List employment history, starting with most recent:

Employer name: _____

Address: _____

Job title: _____ Salary: _____ Dates employed: _____

Supervisor name, title, and contact number: _____

Reason for leaving: _____ May we contact? Yes ___ No ___

Employer name: _____

Address: _____

Job title: _____ Salary: _____ Dates employed: _____

Supervisor name, title, and contact number: _____

Reason for leaving: _____ May we contact? Yes ___ No ___

Employer name: _____

Address: _____

Job title: _____ Salary: _____ Dates employed: _____

Supervisor name, title, and contact number: _____

Reason for leaving: _____ May we contact? Yes ___ No ___

Employer name: _____

Address: _____

Job title: _____ Salary: _____ Dates employed: _____

Supervisor name, title, and contact number: _____

Reason for leaving: _____ May we contact? Yes ___ No ___

Employer name: _____

Address: _____

Job title: _____ Salary: _____ Dates employed: _____

Supervisor name, title, and contact number: _____

Reason for leaving: _____ May we contact? Yes ___ No ___

REFERENCES

Name: _____ Title: _____

Company: _____ Relationship: _____ Years known: _____

Email address: _____ Phone number: _____

Name: _____ Title: _____

Company: _____ Relationship: _____ Years known: _____

Email address: _____ Phone number: _____

Name: _____ Title: _____

Company: _____ Relationship: _____ Years known: _____

Email address: _____ Phone number: _____

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 persons 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 or without cause.

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

Applicant Signature

Date

Please submit the completed application via email to jobs@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 next to the racial or ethnic group(s) with which you identify:

White (includes Arabian)

Black (includes Jamaican, Bahamians and other Carribean's of African but not Hispanic or Arabian descent)

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 next to 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 next to the appropriate option:

Male Female

Veteran? Yes No

Please indicate your date of birth: _____

Position applied for: _____