community human services
hope. help. here.

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COMMUNITY HUMAN SERVICES IS AN EQUAL OPPORTUNITY EMPLOYER

State and federal laws prohibit discrimination in employment because of race, color, national origin, ancestry, sex, gender (including gender identity and gender expression), religion, age, mental or physical disability, military or veteran status, medical condition, marital status, sexual orientation, pregnancy, or any other characteristic protected by federal, state or local law.

***NOTE*:** Please answer all questions completely and accurately. False or misleading statements during the interview and/or on this form are grounds for terminating the application process, or if discovered after employment, terminating the employment relationship.

PERSONAL INFORMATION

Please print clearly. Use additional pages as necessary.

1. **Name**: _____
   Last First Middle

2. **Address**: _____
   Street City State Zip

3. **Telephone Number**: _____ 4. **Email Address** _____

5. **Are you at least 18 years old?** ☐**Yes**☐ **No** *If employed & under the age of 18, can you furnish a work permit?* ☐**Yes** ☐**No**

6. **Do you have a legal right to work in the United States?** ☐ **Yes** ☐ **No**
   If employed, you will be required to provide proof.

7. **Have you applied to Community Human Services for employment in the past?** ☐ **Yes** ☐ **No**
   If yes, when? _____ Position applied for: _____

8. **Do you have any relatives currently employed by Community Human Services?** ☐ **Yes** ☐ **No**
   If yes, who? _____ What relation to you? _____

9. **Have you ever used another name that we would need to verify your employment experience and education?**
   ☐ **Yes** ☐ **No** If yes, indicate such name and the date the name changed:
   _____

10. **Are you currently employed?** ☐ **Yes** ☐**No** *If yes, may we contact your current employer at anytime?* ☐**Yes** ☐**No**
    ☐You may contact my current employer, but only when: _____

POSITION

1. **Position for which you are applying:** _____ First Choice _____ Second Choice

2. **Salary/wage desired:** _____ per _____

3. **Are you available to work:**
   ☐ Full-Time ☐ Part-Time ☐ Temporary ☐ On-Call
   ☐ Evenings ☐ Weekends ☐ Overtime ☐ Split Shift
   ☐ Other: _____

4. **When would you be available to start working?** _____

5. **How did you hear about the availability of the position for which you are applying?**
   ☐ Newspaper Advertisement ☐ Employment Agency ☐ Current Employee
   ☐ Friend ☐ Relative ☐ Walk-In ☐ Other: _____

6. **If the position you are applying for requires the use of a vehicle, do you have a valid driver's license? ☐Yes ☐No**
   License #: _____ Class: _____ State: _____ Expiration Date: _____

7. **Have you been given a Job Description, or have the requirements of the job been explained to you? ☐ Yes ☐ No**
   Do you understand these requirements? **☐ Yes ☐ No**

8. **Can you perform any or all of the job functions for the position you are seeking, either with or without reasonable accommodation? ☐ Yes ☐ No**

9. **Can you meet the attendance standard of our company, which requires all employees to report for work on time for all scheduled days or shifts? ☐ Yes ☐ No**

SPECIAL SKILLS AND TRAINING

1. **Describe specialized training, apprenticeships, skills or research:**

2. **List current certifications and/or professional licenses, if any, and where registered:**

3. **Office/business equipment and software qualified or trained to use:**

4. **Check special skills or training:**
   ☐ Office Management ☐ Bookkeeping
   ☐ Administrative ☐ Counseling
   ☐ Management ☐ Fundraising
   ☐ Marketing ☐ Social Services

Please Check Software and List Programs *(i.e., Word, Excel, etc.)*:

☐ Word Processing	_____	☐ basic ☐ adv.
☐ Spreadsheet	_____	☐ basic ☐ adv.
☐ Database	_____	☐ basic ☐ adv.
☐ Accounting	_____	☐ basic ☐ adv.
☐ Other	_____	☐ basic ☐ adv.

5. **Please indicate any language skills, other than English, below:**

LANGUAGE	READING			SPEAKING			UNDERSTANDING			WRITING		
	FLUENT	*GOOD*	*FAIR*	*FLUENT*	*GOOD*	*FAIR*	*FLUENT*	*GOOD*	*FAIR*	*FLUENT*	*GOOD*	*FAIR*
	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

EMPLOYMENT EXPERIENCE

Directions: Begin with your present or last job. Account for all periods of time, including military experience, and periods of unemployment and the nature of your activities. Since we will make every effort to contact previous employers, the correct telephone numbers are appreciated.

THE FOLLOWING MUST BE COMPLETED IN DETAIL– *RESUMES ARE NOT ACCEPTED IN LIEU OF THIS INFORMATION*.

1.

Employer		**Dates Employed**		**Key Responsibilities**
		From	To	
Address				
		☐ Full-Time	☐ Part-Time	
Telephone Number	Supervisor's Name, Title and Telephone Number			
Job Title				
Reason for Leaving: ☐ Resigned ☐ Laid off ☐ Discharged **Why?**				

2.

Employer		**Dates Employed**		**Key Responsibilities**
		From	To	
Address				
		☐ Full-Time	☐ Part-Time	
Telephone Number	Supervisor's Name, Title and Telephone Number			
Job Title				
Reason for Leaving: ☐ Resigned ☐ Laid off ☐ Discharged **Why?**				

3.

Employer		**Dates Employed**		**Key Responsibilities**
		From	To	
Address				
		☐ Full-Time	☐ Part-Time	
Telephone Number	Supervisor's Name, Title and Telephone Number			
Job Title				
Reason for Leaving: ☐ Resigned ☐ Laid off ☐ Discharged **Why?**				

4.	Employer	Dates Employed from _____ to _____	Address	Job Title
5.	Employer	Dates Employed from _____ to _____	Address	Job Title
6.	Employer	Dates Employed from _____ to _____	Address	Job Title
7.	Employer	Dates Employed from _____ to _____	Address	Job Title

EDUCATION AND TRAINING

TYPE of SCHOOL	SCHOOL NAME, CITY and STATE		MAJOR	Choose Last Year
High School				☐ 9 ☐ 10 ☐ 11 ☐ 12
Community College		From: _____ To: _____	Degree: ☐ Yes ☐ No	☐ 1 ☐ 2
College/University		From: _____ To: _____	Degree: ☐ Yes ☐ No	☐ 1 ☐ 2 ☐ 3 ☐ 4
Graduate School		From: _____ To: _____	Degree: ☐ Yes ☐ No	☐ 1 ☐ 2 ☐ 3 ☐ 4
Business/Trade/Night School		From: _____ To: _____	Degree: ☐ Yes ☐ No	☐ 1 ☐ 2 ☐ 3 ☐ 4

EMPLOYMENT REFERENCES

Name	Business Relationship	Organization/Address	Telephone

CERTIFICATION

***DIRECTIONS*:** **PLEASE READ THE FOLLOWING CAREFULLY AND INITIAL BEFORE SIGNING THIS APPLICATION FORM.**

_____ **Typed**
_____ **Signed**

I hereby certify that I have personally completed this application and that the answers given by me to the foregoing questions and statements are true and complete and that no material fact has been omitted. I understand that any false statements appearing on this or any other employment form will be sufficient reason to end further consideration of this application and not hire me; if discovered after my employment, such false statement will be sufficient reason for dismissal from the services of Community Human Services regardless of the time that has elapsed before discovery.

_____ **Typed**
_____ **Signed**

I authorize Community Human Services or its designated agents to contact my references and to investigate my past employment, education credentials, Department of Motor Vehicles driving record, and other employment-related activities, without giving me prior notice of such disclosure. I agree to cooperate in such investigations and release those parties supplying such information to Community Human Services from all liability or responsibility with respect to information supplied to Community Human Services.

_____ **Typed**
_____ **Signed**

I request, authorize and consent to the procurement of an Investigative Consumer Report and understand that it may contain information about my background, mode of living, character, personal characteristics and general reputation; where the job requires a credit check, a separate authorization will be provided. This authorization in original or copy format, shall be valid for one year from the date indicated next to my signature below. According to the *Fair Credit Reporting Act*, I will be notified if employment is denied because of information obtained from a Consumer Reporting Agency. Additionally, I understand that if requested within 60 days, I will be given a full and accurate disclosure as to the nature and substance of all information provided.

_____ **Typed**
_____ **Signed**

I understand that filing this application in no way assures me a position with Community Human Services, and that this application is not, and is not intended to be, a contract of employment. I understand that if employed, my employment and compensation can be terminated at will, with or without cause, and with or without notice, at any time, and at the option of either Community Human Services or myself. I further understand that no one other than the Board of Directors of Community Human Services has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

_____ **Typed**
_____ **Signed**

If employed by Community Human Services, I agree to abide by the rules, policies and procedures of Community Human Services and subsequent rules, policies and procedures that may become effective after employment. I understand that my initial and continued employment may be contingent upon the successful completion of a medical examination, and such examination may include drug and alcohol screening. I understand that Community Human Services believes strongly in a drug-free work environment and agree to abide by the drug and alcohol policies of Community Human Services during the time of my employment.

_____ Typed Signature of Applicant

_____ Signature of Applicant

_____ Date