



## Employment Application

### Personal Information:

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First Name                      Middle Name                      Last Name                      Date of Birth

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Street Address

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City                                      State                                      Zip Code

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Phone Number                                      Email

### Application Information:

What position are you applying for? \_\_\_\_\_

Date Available to start? \_\_\_\_\_ Are you eligible to work in the United States?  
\_\_\_\_\_

Do you require a sponsor to legally work in the United States?

- YES
- NO

How did you hear about us? \_\_\_\_\_

### Education:

Highest level completed: (Please Circle)

High School 9 10 11 12                      College 1 2 3 4                      Graduate 5 6

Name and address of College(s)/University(ies):

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Major(s): \_\_\_\_\_

Minor(s): \_\_\_\_\_

Number of years attended: \_\_\_\_\_ Degree: \_\_\_\_\_

Other educational training: \_\_\_\_\_

**Are you a Licensed/Registered member of any profession or trade?**

- Yes
- No

Type of License/Registration: \_\_\_\_\_

Certificate Number: \_\_\_\_\_ State: \_\_\_\_\_ Year: \_\_\_\_\_

**Have you ever had a license or certificate suspended, revoked, placed on probation or under investigation in any state?**

- Yes
- No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Are you able to perform the essential function of the job description with or without accommodations?**

- Yes
- No

If no, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Have you ever been convicted of a felony?**

- Yes
- No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

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**Indicate your skills applicable to this position:**

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**Work History (Please also attach a Resume):**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Supervisor's Email: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Dates Employed: From \_\_\_\_\_ To: \_\_\_\_\_

Salary: Starting \_\_\_\_\_ Ending: \_\_\_\_\_

Title: \_\_\_\_\_

**Current Employment:**

Name of present employer: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor's Email: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact this employer?

Yes

No

Dates Employed: From \_\_\_\_\_ To: \_\_\_\_\_

Salary: Starting \_\_\_\_\_ Ending: \_\_\_\_\_

Title: \_\_\_\_\_

Job Roles/Responsibilities:

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**References:**

Please provide names of three persons for references other than the previously noted supervisors. These should be professional references.

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Title: \_\_\_\_\_ Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Title: \_\_\_\_\_ Relationship: \_\_\_\_\_

3. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Title: \_\_\_\_\_ Relationship: \_\_\_\_\_

- \_\_\_\_\_ (initial). The Center is an at-will employer.
- \_\_\_\_\_ (initial). All of the information on the application is true. Omission of information, or false information, will be grounds for rejection of application or grounds for later termination if the person is hired.
- \_\_\_\_\_ (initial). The Children's Advocacy Center of Kent County will check my references.

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Signature

Date