



Children's Center of Surry, Inc.

Application for Employment

Last Name	First Name	Middle Name
Are 18 years or older?	Social Security Number	Phone (where you can be reached): Email Address:
Present Address	City	State & Zip Code

List all cities and states where you have lived for the past seven(7) years and the dates you lived there:

City and State	Dates	FROM	TO
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Job Applied For: _____ Date you can begin employment ____/____/____

Circle type of work you will accept Circle shift preference
 Full Time Part Time 1st 2nd 3rd

Please indicate your referral source: _____

Have you ever been convicted of a felony? Yes ____ No ____ If yes, please explain: _____

Do you hold a valid and in good standing driver's license? _____

License #: _____ State: _____

Do you have a car available for use at work? _____

Schools	Name & Location	Dates Attended From: To:	Grad ?	Minor or Major Course Work	Type of Degree Received
High School					
College					
Graduate or (Professional)					
Other					

Special training program and seminars you have completed in the last five years:

Licenses and certifications (giver dates and sources of issuance):

List any volunteer or work experience:

References

Name	Address	Relationship	Telephone	Years Known

Current or last Employer:	Address:
Job Title:	Supervisor's Name & Telephone Number:
Date Employed (mo/yr)	Start Salary Ending Salary: \$ _____ per \$ _____ per
Reason for Leaving:	May we contact employer? Yes _____ No _____
Full Time: Yrs. Months.	List major duties in order of their importance in the job:
Part Time: Yrs. Months.	

Current or last Employer:	Address:
Job Title:	Supervisor's Name & Telephone Number:
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Reason for Leaving:	May we contact employer? Yes _____ No _____
Full Time: Yrs. Months	List major duties in order of their importance in the job:
Part Time: Yrs. Months	

Current or last Employer:	Address:
Job Title:	Supervisor's Name & Telephone Number:
Date Employed (mo/yr)	Start Salary Ending Salary: \$ _____ per \$ _____ per
Reason for Leaving:	May we contact employer? Yes _____ No _____
Full Time: Yrs. Months	List major duties in order of their importance in the job:
Part Time: Yrs. Months	

<i>Emergency Contact #1</i>	<i>Emergency Contact #2</i>	<i>Emergency Contact #3</i>
Name: _____	Name: _____	Name: _____
Relation: _____	Relation: _____	Relation: _____
Address _____	Address: _____	Address: _____
Phone Number: _____	Phone Number: _____	Phone Number: _____
Phone Number: _____	Phone Number: _____	Phone Number: _____

I certify that I have given true, accurate and complete information on this form to the best of my knowledge. In the event confirmation is needed in connection with my work. I authorize educational institutions, association, registration and licensing boards, and others to furnish whatever detail is available concerning my qualifications. I authorize investigation of all statements made in this application and understand that false information or documentation or a failure to disclose relevant information may be grounds for rejection of my application, disciplinary action or dismissal if I am employed and (or) criminal action. I further understand that dismissal upon employment shall be mandatory if fraudulent disclosures are given to meet position qualifications. (Authority GS 126-30. GS 14-122-1).

- I certify that I have not been convicted for any of the following:
1. No criminal convictions that would adversely affect my capacity and ability to provide care, safety and security for the children in residence.
 2. That I have not abused or neglected a child or have been a respondent in a juvenile court proceedings that resulted in the removal of a child or had child protective services involvement that resulted in the removal of a child.
 3. I have not been a domestic violence perpetrator.
 4. I have not abused, neglected or exploited a disabled adult.

Signature of Applicant (unsigned applications will not be processed)

Date