

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, mental or veteran status or any other legally protected status.

(PLEASE PRINT)

Position(s) applying for:		Date of Application:
Last Name	First Name	Middle Name
Address		City, State, Zip Code
Telephone Number		Best Time to Contact

You must be 21 years of age to be employed by The Children's Center of Ohio, LLC. Do you meet this requirement?

_____ YES _____ NO

Do any of your friends or relatives work here?

_____ YES _____ NO

Are you currently employed?

_____ YES _____ NO

May we contact your present employer?

_____ YES _____ NO

Are you prevented from lawfully becoming employed in this Country due to VISA or immigration status? PROOF OF CITIZENSHIP OR IMMIGATION STATUS WILL BE REQUIRED UPON EMPLOYMENT.

_____ YES _____ NO

Date Available for Work: _____

Desired Rate of Pay: _____

Shifts available to work: _____ FULL TIME

SHIFTS: _____ 1st – Morning

_____ PART TIME

_____ 2nd – Evening

_____ Temporary

_____ 3rd – Midnight

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

ONLY COMPLETE THIS SECTION IF YOU DO NOT HAVE A RESUME

WORK EXPERIENCE

Start with your present or most recent job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

EMPLOYER	DATES EMPLOYED	DUTIES PERFORMED
ADDRESS		
TELEPHONE NUMBER	PAY RATE/SALARY	
JOB TITLE:		
SUPERVISOR'S NAME		
REASON FOR LEAVING		MAY WE CONTACT ___ YES ___ NO

EMPLOYER	DATES EMPLOYED	DUTIES PERFORMED
ADDRESS		
TELEPHONE NUMBER	PAY RATE/SALARY	
JOB TITLE:		
SUPERVISOR'S NAME		
REASON FOR LEAVING		MAY WE CONTACT ___ YES ___ NO

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ADDRESS		
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JOB TITLE:		
SUPERVISOR'S NAME		
REASON FOR LEAVING		MAY WE CONTACT ___ YES ___ NO

COMMENTS: <hr/> <hr/> <hr/> <hr/>
OTHER QUALIFICATIONS: <hr/> <hr/> <hr/> <hr/>

PERSONAL/PROFESSIONAL REFERENCES – DO NOT INCLUDE FAMILY MEMBERS			
NAME	PHONE	BEST TIME TO CALL	OCCUPATION
1			
2			
3			

APPLICANT’S STATEMENT

I certify that the answers given herein are true and complete.

I authorize investigation of all statements concerned with this application for employment, as may be necessary for the decision-making process of employment.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond that time should inquire as to whether or not applications are being accepted, at this time.

Hereby, I understand and acknowledge that unless otherwise defined by applicable law, any employment relationship with this organization is of an “at will” nature, which means that the employee may resign, at any time, and the employer may discharge the employee, at any time, with or without cause. It is further understood that this “at will” employment relationship may not be changed by any written document or by conduct, unless such a change is specifically acknowledged in writing by an authorized executive of this organization.

In the events of employment, I understand that false or misleading information given in my application or interview may result in discharge. Additionally, I understand that I am required to abide by all rules and regulations of the employer.

Applicant Signature

Date