

Application for Employment

Desired Position: _____

Date of Application: _____

Applicants will receive consideration for employment without regard to race, color, religion, national origin, sex, age, disability, military and/or veteran status, genetic information, or any other protected status under federal, state, or local law. Applicants requiring reasonable accommodation(s) during the application/interview process for the Children's Center for the Visually Impaired (CCVI) should please inform the hiring manager.

PERSONAL INFORMATION

Name: _____
First Middle Last

Address: _____
Street City, State Zip

Contact Information: _____
() () Home Telephone Cell Phone E-mail

Employment Desired: Full-time Part-time Salary Desired (specify range): _____ Available Start Date: _____

Have you previously worked for CCVI? Yes No If yes, when? _____

Are you legally authorized to work in the United States? Yes No

Are you at least 18 years of age or older? Yes No

Have you applied with us previously? Yes No If yes, when? _____

Have you ever worked under another name? Yes No If yes, what name? _____

Are you open to travel (for positions requiring travel)? Yes No

Do you have any relatives currently employed by us? Yes No If yes, provide name(s): _____

How did you learn of this employment opportunity? _____

EMPLOYMENT HISTORY

Starting with your current or most recent employer, please state your employment history. If necessary, attach an additional sheet of paper. Please explain any period between jobs. Provide as much information below as possible, even if a résumé is attached.

| | | | |
|---|---|--|---|
| Name of Employer _____ Address _____ City, State, Zip _____ Phone Number () _____ | Supervisor's Name and Title: _____ | Employment Dates: From: _____ To: _____ | Starting Salary/Wages: \$ _____ per _____ Final Salary/Wages: \$ _____ per _____ |
| Position: _____ Duties: _____ Reason for leaving: _____ May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

| | | | |
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| Position: _____ Duties: _____ Reason for leaving: _____ May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

ACKNOWLEDGMENT:

I certify that all the statements made herein and all other information provided to CCVI in regard to my application and employment are true and complete. I understand and agree any false information, misrepresentation or omission of fact(s) will result in my disqualification from consideration for employment or, if employed, my dismissal.

I understand that all information contained in this application is subject to verification and consent to investigations of reference with former employers and educational institutions listed. I release all parties and authorize all persons, schools, companies, corporations, and law enforcement agencies to supply any information concerning my background.

I further acknowledge that this application is not a contract, offer, or promise of employment, and that employment with CCVI is at-will. I understand that if hired, no one other than the Executive Director of CCVI has the authority to enter into an employment contract or agreement with me, and that employment agreements are binding only if in writing and signed by the Executive Director of CCVI.

I understand that any offer of employment may be contingent upon successful completion of certain pre-employment, post offer checks/examinations related to the position for which I have applied, such as drug screening, criminal background check, and/or credit check. I further understand and agree that if I am employed, I may be required to submit to alcohol/drug-testing under certain circumstances during my employment.

I have read, understand, and agree to the above statements.

Applicant Signature: _____ **Date:** _____