

APPLICATION FOR EMPLOYMENT

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

An incomplete application will not be considered for employment.

(PLEASE PRINT)

Positions applied for <u>(If applying for a teaching position or director attach transcripts and permit)</u>	Date of Application
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How did you learn about us?

Advertisement
 Friend
 Relative
 Employment Agency
 Walked In
 Other _____

Last Name	First Name	Middle Name
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Address	Number	Street	City	State	Zip
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Telephone Number(s) <i>Home</i> _____ <i>Message/Cell</i> _____	Driver's License #	Social Security Number
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If you are under 18 years of age.
(If no can you provide work permit? Yes No N/A) Yes No

Have you ever filed an application with us before? Yes No
If yes, give date _____

Have you ever been employed with us before? Yes No
If yes, give time of employment _____

Have you ever been convicted of a felony or misdemeanor?
If yes, are you currently pending trial? Yes No Yes No

Are you related to anyone who works with this agency?
(If yes give name, relationship and location _____) Yes No

Are you currently employed? Yes No
(If yes may we contact your present employer? Yes No)

Are you prevented from lawfully becoming employed in this Country because of Visa or Immigration Status? Yes No

Are you currently on lay-off status subject to recall? Yes No

Can you travel if job requires it? Yes No

Do you have you have a current/valid driver's license? Yes No

Do you have your own transportation? Yes No

Can you work weekends and evenings if job requires it? Yes No

Date available to work _____/_____/_____ Desired salary range \$ _____

Are you available to work Fulltime Part-time Temporary

EDUCATION

SCHOOL	NAME & ADDRESS	COURSE OF STUDY	YRS COMPLETED	DIPLOMA OR DEGREE
HIGH SCHOOL				
COLLEGE				
UNIVERSITY				
OTHER				

WORK EXPERIENCE

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

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone			
Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason for leaving			

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Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason for leaving			

Name: _____
Position: _____
Date: _____

DESCRIBE ANY SPECIALIZED TRAINING, APPRENTICESHIP, SKILLS AND EXTRA-CURRICULAR ACTIVITIES.

LIST PROFESSIONAL, TRADE, BUSINESS OR CIVIC ACTIVITIES AND OFFICES HELD.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, or other protected status.

SPECIALIZED SKILLS (skills/equipment operated)

Computer skills			
<input type="checkbox"/> Excel	<input type="checkbox"/> Microsoft Word	<input type="checkbox"/> Word Perfect	<input type="checkbox"/> Print Master
Other office machines			
<input type="checkbox"/> Copier	<input type="checkbox"/> Fax	<input type="checkbox"/> Laminating	<input type="checkbox"/> Typewriter _____WPM

PERSONAL/PROFESSIONAL REFERENCES (Do not include relatives or past supervisors.)

NAME	TELEPHONE NUMBER	BEST TIME TO CALL	OCCUPATION	YEARS KNOWN

Note to applicants: Do not answer this question unless you know of the requirements of the job for which you are applying.
 Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given.
 Yes No N/A

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

APPLICANT CERTIFICATION

I understand and agree that if driving is a requirement of the job for which I am applying, my employment and/or continued employment is contingent on possessing a valid driver's license for the state in which I reside and automobile liability insurance in an amount equal to the minimum required by the state where I reside. I understand that United Families Inc. has a drug free workplace, alcohol and drug testing program consistent with applicable federal, state, and local law. If I am offered a conditional offer of employment I understand that if a pre-employment (post-offer) drug and alcohol test is positive, the employment offer may be withdrawn. I agree to work under the conditions requiring a drug free workplace, consistent with applicable federal, state and local law. I also understand that all employees of the location, pursuant to United Families Inc. policy and federal, state, and local law, may be subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of alcohol or illegal or controlled drugs. If employed, I understand that the taking of alcohol and/or drug test is a condition of continual employment and I agree to undergo

alcohol and drug testing consistent with United Families Inc. policies and applicable federal, state, and local law. If employed by United families Inc I understand and agree that United Families Inc, to the extent permitted by federal, state, and local law, may exercise its right, without prior warning or notice, to conduct investigations of property (including, but not limited to, files, lockers, desks, vehicles, and computers) and, in certain circumstances, my personal property.

Initials

I understand and agree that as a condition of employment and to the extent permitted by federal, state, and local law, I may be required to sign confidentiality, restrictive covenant, and/or conflict of interest statement, as well as an agreement to arbitrate.

Initials

I certify that all the information on this application, my resume, or any supporting documents I may present during any interview is and will be complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for employment or, if employed, disciplinary action up to and including immediate dismissal.

Initials

UNITED FAMILIES INC. IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED UNITED FAMILIES INC MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE. NOTHING IN THIS APPLICATION OR IN ANY DOCUMENT OR STATEMENT, WRITTEN OR ORAL, SHALL LIMIT THE RIGHT TO TERMINATE EMPLOYMENT AT-WILL. NO OFFICER, EMPLOYEE OR REPRESENTATIVE OF UNITED FAMILIES INC IS AUTHORIZED TO ENTER INTO AN AGREEMENT – EXPRESS OR IMPLIED – WITH ME OR ANY APPLICANT FOR EMPLOYMENT FOR A SPECIFIED PERIOD OF TIME UNLESS SUCH AGREEMENT IS IN A WRITTEN CONTRACT SIGNED BY THE EXECUTIVE DIRECTOR OF THE AGENCY.

Initials

If hired, I agree to conform to the rules and regulations of United Families Inc., and I understand that United Families Inc. has complete discretion to modify such rules and regulations at any time, except that I will not modify its policy of employment at-will

Initials

I authorized United Families, Inc. or its agents to confirm all statements contained in this application and/or resume as it relates to the position I am seeking and to the extent permitted by federal, state, or local law. I agree to complete any requisite authorization forms for background investigation.

Initials

I authorize and consent to, without reservation, any party or agency contacted by United Families, Inc. to furnish the above-mentioned information. I hereby release, discharge, and hold harmless, to the extent permitted by federal, state, and local law, any party delivering information to United Families, Inc. or its duly authorized representative pursuant to this authorization from any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability United Families, Inc. and its representatives for seeking such information and all other persons, corporations, or organizations furnishing such information.

Initials

If hired by United Families, Inc. I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States by United Families, Inc. I also understand that United Families, Inc. employs only individuals who are legally eligible to work in the United States.

Initials

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR MAXIMUM OF SIXTY (60) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY,

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE, ACCURATE, AND COMPLETE.

Applicant Signature: _____

Date _____ / _____ / _____

For Office Use Only

Date hired: _____ Position hired for _____

Total Child Development units: _____ Total General Ed units: _____ Permit level: _____

Fingerprint Drug Testing Health Card CPR/1st Aid Permit Number: _____

Form reviewed by _____ Date: _____

Comments:

