

# APPLICATION FOR EMPLOYMENT

## CHILDREN'S AID SOCIETY OF ALABAMA

205-251-7148

www.childrenciaid.org

CAS does not discriminate against applicants on the basis of race, religion, gender, age, sexual orientation, national origin, or disability.

(PLEASE PRINT IN BLACK INK OR TYPE)

TODAY'S DATE

<b>PERSONAL INFORMATION</b>							
POSITION FOR WHICH APPLYING					LOCATION		
LAST NAME	FIRST NAME	MIDDLE NAME	OTHER NAMES BY WHICH YOU ARE KNOWN				
STREET ADDRESS				CITY	STATE	ZIP CODE	
CELL PHONE	EMAIL	WHEN CAN YOU BEGIN WORK?			MINIMUM ACCEPTABLE SALARY		
ARE YOU WILLING TO TRAVEL IF JOB REQUIRES? <input type="checkbox"/> YES <input type="checkbox"/> NO ARE YOU WILLING TO WORK FLEXIBLE HOURS TO ACCOMMODATE CLIENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO REFERRAL SOURCE? (Newspaper, website, word of mouth, etc.):							
<b>HEALTH</b>							
ARE ANY ACCOMMODATIONS NEEDED IN ORDER FOR YOU TO PERFORM THE JOB FUNCTIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE DESCRIBE:							
CAS STAFF ARE REQUIRED TO HAVE A PHYSICAL WITH TB SKIN TEST PRIOR TO EMPLOYMENT AND BI-ANNUALLY THEREAFTER. ARE YOU IN AGREEMENT WITH THIS POLICY? <input type="checkbox"/> YES <input type="checkbox"/> NO							
WHO SHOULD WE NOTIFY IN CASE OF EMERGENCY? NAME				PHONE			
<b>EDUCATION</b>							
SCHOOL	NAME	CITY	ST	# OF YEARS ATTENDED	DID YOU GRADUATE?	DIPLOMA OR DEGREE RECEIVED	COURSE OR MAJOR
HIGH SCHOOL							
VOCATIONAL TECHNICAL SCHOOL							
COLLEGE OR UNIVERSITY							
COLLEGE OR UNIVERSITY							
OTHER							
<b>U. S. MILITARY SERVICE</b>							
ARE YOU A VETERAN? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, BE SURE TO INCLUDE IN WORK HISTORY ON NEXT PAGE							

## LICENSES AND SPECIAL SKILLS

LIST ANY PROFESSIONAL OR OCCUPATIONAL LICENSE YOU HOLD: LEVEL: \_\_\_\_\_ NUMBER: \_\_\_\_\_

IF LICENSE ELIGIBLE, GIVE STATUS OF LICENSE:

OTHER ACCREDITATION:

PROFESSIONAL ASSOCIATIONS AND COMMUNITY ACTIVITIES:

LIST ANY FOREIGN LANGUAGES YOU SPEAK :

DESCRIBE YOUR COMPUTER SKILLS:

**ADMINISTRATIVE APPLICANTS ONLY:** DO YOU TYPE? (WPM)

LIST SOFTWARE PACKAGES USED:

LIST ANY OFFICE EQUIPMENT YOU OPERATE:

DO YOU POSSESS A VALID ALABAMA DRIVER'S LICENSE?  YES  NO

DO YOU HAVE AUTOMOBILE INSURANCE?  YES  NO HOW MUCH COVERAGE? \_\_\_\_\_

ARE YOU WILLING TO INCREASE COVERAGE IF REQUIRED BY JOB?  YES  NO

## EMPLOYMENT HISTORY

COMPLETE EMPLOYMENT HISTORY (LIST LAST EMPLOYER FIRST). PLEASE ACCOUNT FOR ALL TIME PERIODS, INCLUDING UNEMPLOYMENT, MILITARY SERVICE, ETC. IF ADDITIONAL SPACE IS NEEDED, PLEASE USE ADDITIONAL SHEET.

EMPLOYER'S NAME		PHONE NUMBER	STARTING DATE	ENDING DATE
EMPLOYER'S ADDRESS			YOUR JOB TITLE	
SUPERVISOR'S NAME/TITLE	MAY WE CALL/SEND FOR REFERENCE? <input type="checkbox"/> Y <input type="checkbox"/> N		DUTIES:	
REASON FOR LEAVING	NUMBER OF HOURS WORKED PER WEEK			
EMPLOYER'S NAME		PHONE NUMBER	STARTING DATE	ENDING DATE
EMPLOYER'S ADDRESS			YOUR JOB TITLE	
SUPERVISOR'S NAME/TITLE	MAY WE CALL/SEND FOR REFERENCE? <input type="checkbox"/> Y <input type="checkbox"/> N		DUTIES:	
REASON FOR LEAVING	NUMBER OF HOURS WORKED PER WEEK			
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SUPERVISOR'S NAME/TITLE	MAY WE CALL/SEND FOR REFERENCE? <input type="checkbox"/> Y <input type="checkbox"/> N		DUTIES:	
REASON FOR LEAVING	NUMBER OF HOURS WORKED PER WEEK			

## EMPLOYMENT REFERENCE FROM PREVIOUS SUPERVISOR

I, \_\_\_\_\_ have made application with Children's Aid Society of Alabama for a position as \_\_\_\_\_. I hereby authorize the person(s) listed below to submit to Children's Aid Society of Alabama an employment reference as requested. I agree to release from liability for damages all persons and companies providing this information.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

NAME: Mr. or Ms. (Please circle) \_\_\_\_\_

EMAIL: \_\_\_\_\_ PLACE OF EMPLOYMENT: \_\_\_\_\_

POSITION: \_\_\_\_\_ YOUR RELATIONSHIP TO THIS REFERENCE: \_\_\_\_\_

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## PROFESSIONAL REFERENCE

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\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

NAME: Mr. or Ms. (Please circle) \_\_\_\_\_

EMAIL: \_\_\_\_\_ PLACE OF EMPLOYMENT: \_\_\_\_\_

POSITION: \_\_\_\_\_ YOUR RELATIONSHIP TO THIS REFERENCE: \_\_\_\_\_

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## PROFESSIONAL REFERENCE

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\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

NAME: Mr. or Ms. (Please circle) \_\_\_\_\_

EMAIL: \_\_\_\_\_ PLACE OF EMPLOYMENT: \_\_\_\_\_

POSITION: \_\_\_\_\_ YOUR RELATIONSHIP TO THIS REFERENCE: \_\_\_\_\_

## STATEMENT OF POLICY

Children's Aid Society of Alabama (CAS) is an Equal Opportunity Employer. Federal law prohibits discrimination in employment practices because of race, color, religion, sex, age, national origin, disability or veteran status. No question on this application is asked for the purpose of limiting or excluding any applicant's consideration for employment because of his or her race, color, religion, sex, age, national origin, or due to disability or veteran status.

### PREEMPLOYMENT STATEMENT

I understand and agree that:

1. The information that I have provided on this application is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume, or any other material, or during any interviews, can be justification of refusal of employment, or, if employed, termination from CAS employment.
2. Any offer of employment I may receive from CAS is contingent upon my successful completion of the agency's total pre-employment screening process, including the agency's receiving references that it considers satisfactory, and my satisfactory completion of any post-offer pre-employment medical examination that the agency may require. I also agree, if employed, to submit to a medical examination at any time at the agency's request. I hereby consent to having the results of any post-offer pre-employment or post-employment medical exams I may be required to take disclosed to CAS.
3. As a condition of employment, I may be required to undergo and successfully pass any tests required of my position including but not limited to a screening for alcohol and/or drugs, criminal background, and motor vehicle records. I also understand and agree that, if employed, I may be required to submit to an alcohol or drug screening at any time at the discretion of CAS. I hereby consent to having the results of any such alcohol or drug screening I may be required to undergo disclosed to CAS. CAS reserves the right to terminate the employment relationship at any time if I fail to complete any of the steps or if any of the steps indicate positive results. CAS assumes no responsibility for placing me in another position if I were to be terminated.
4. In processing my application for employment, the agency may verify all the information provided by me, or may procure or have prepared a consumer or an investigative consumer report for this purpose concerning my prior employment, military record, education, character, general reputation, personal characteristics, criminal record, and credit history. I understand that upon written request to the agency, I will be informed whether an investigative consumer report was requested and given full information as to the nature and scope of this investigation.
5. I authorize and request that all of my present and former employers and those individuals I have listed as personal references furnish information about my employment record, including a statement of the reason for the termination of my employment, work performance, abilities, and other qualities pertinent to my qualifications for employment, hereby releasing them from any and all liability for damages arising from furnishing the requested information.
6. I should promptly report any job-related harassment, related complaints, or if I believe that I have been treated in an unlawful discriminatory manner to my supervisor or the Vice President of Human Resources of CAS by calling (205) 251-7148. I also understand that I should report any concerns about policies, procedures, practices, or any issue arising in the workplace to my immediate supervisor, where practicable, or the Vice President of Human Resources.
7. In consideration of my employment, I agree to comply with the policies, rules, regulations, and procedures of CAS, including but not limited to CAS' drug and alcohol policy, sexual harassment policy, and conflict resolution policy, and understand that my employment and compensation can be terminated with or without cause or notice, at any time, at the option of either the agency or myself. I further understand that no supervisor or representative of the agency, other than the Chief Executive Officer, has any authority to enter into any agreement with me for employment for any specified period of time or to make any agreement different from or contrary to the foregoing. I further understand that any such agreement, if made, shall not be enforceable unless it is in writing and signed by me and by the Chief Executive Officer of CAS.

Signature \_\_\_\_\_

Date \_\_\_\_\_