

CHILDHAVEN, INC.

Employment Application

P.O. Box 2070, Cullman, AL 35056, (256) 734-6720; FAX (256) 734-6721

Your interest in our organization is appreciated. Applications are kept on file for six (6) months. If you have not been hired within six months of the date of your application, you must re-file if you are to be considered for future employment.

Date: _____

Personal Information:

Name: _____

Social Security No.: _____

Phone No. _____

Address (full, including

Zip): _____

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Have you ever been known by any other name? Yes _____

No _____

If Yes, what is the name?

Dates known by this

name: _____

Have you ever been convicted of a felony? Yes _____

No _____

If yes, describe in full:

Have you ever been convicted of a misdemeanor? Yes _____

No _____

If yes, describe in full:

Have you ever been arrested? Yes _____

No _____

If yes, describe in full:

Are you a citizen of the United States? Yes _____
No _____

If not, give Alien Registration Number:

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Are you over age 18? Yes _____ No _____ If No, do you have a
work permit? Yes _____ No _____

Referral Source: Advertisement _____ Friend _____ Relative _____
Church _____ Employee _____
Other _____

Do any of your friends or relatives work here? Yes _____
No _____

If Yes, list name(s):

List office or business machines you have operated:

If applying for a clerical position:

What is your typing speed? _____

Do you take shorthand? _____ If so, what is your speed?

Give name, address, and phone number of three references, not

related to you:

1) _____
_Phone _____

2) _____
_Phone _____

3) _____
_Phone _____

If required for the position for which you are applying, will you consent to periodic physical examinations and blood or urine analysis? (Note: This analysis may test for controlled substances.)
Yes _____ No _____

Have you filed an application here before? Yes _____ No _____
Date _____

Have you ever been employed here before? Yes _____ No _____
Date _____

Position currently applying for:

Status Desired: Full Time _____ Part Time _____
Other _____

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Date Available: _

Are you on lay-off and subject to recall? Yes____ No____

List any skills, qualifications, courses, or training you have that relate to the position for which you are applying:

Are you a member of the Military Reserve or National Guard?
Yes____ No____

If Yes, what branch of the U.S. Military Service?

List Professional, Trade, Business, or Civic activities and offices held:

Present and Past Employment, beginning with your most recent:

1. Name, address, type business:

From: _____ To: _____ Describe the work you did:

Starting Salary: _____ Ending Salary:

Reason for Leaving:

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Name of
Supervisor: _____ Telephone: _____

2. Name, address, and type of business:

From: _____ To: _____ Describe the
work you did: _____

Starting Salary: _____ Ending Salary:

Reason for Leaving:

Name of Supervisor:

_____ Telephone:

3. Name, address, and type of business:

From: _____ To: _____ Describe the
work you did: _____

Starting Salary: _____ Ending Salary:

Reason for Leaving:

Name of Supervisor:

_____ Telephone:

May we contact the employers listed above? Yes _____ No _____

If not, indicate which one(s) you do not wish us to contact and state the reason why:

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Have you ever been bonded? Yes _____ No _____

If Yes, where?

Summarize special skills and qualifications acquired from

employment and experience:

Driving Record:

Do you presently have a valid driver=s license? Yes____
No____

If yes, list the following driver=s license information:

State:_____ Number:_____ Type:_____
Expiration Date:_____

Have you had a moving violation within the past five years?
Yes____ No____

If yes, describe in detail:

Have you ever been charged or convicted of DUI? Yes____
No____

If yes, describe in detail:

Education:

High School (Name, Address, Course of Study):

Check last year completed: 1____ 2____ 3____ 4____

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Did you graduate? Yes____ No____

College (Name, Address, Course of Study): _____

Check last year completed: 1____ 2____ 3____ 4____
graduate _____

Did you graduate? Yes____ No____

List degrees:

College (Name, Address, Course of Study):

Check last year completed: 1____ 2____ 3____ 4____
graduate____

Did you graduate? Yes____ No____

List degrees:

Technical School (Name, Address, Course of Study):

Check last year completed: 1____ 2____ 3____ 4____

Did you graduate? Yes____ No____

List diploma or degree:

