



**Carson Valley
Children's Aid**

Building on strengths of children and families

APPLICATION FOR EMPLOYMENT

Personal Data (Please print)		Date:
Name (Last, First, MI):		
Street Address:		
City, State, Zip:		
Home Phone:	Cell Phone	
Email address:		

Employment Desired		
Position Applied for:	Salary Desired:	
Shift(s) willing to work:	Date Available:	
Source of Referral (ad, friend, web site) be specific. If employee referral, please name employee.		
Have you been previously employed by Carson Valley Children's Aid? <input type="checkbox"/> Yes <input type="checkbox"/> No		When:
Do you have any relatives employed at Carson Valley Children's Aid? If yes, please give name.		

Education				
	Name & Address of School	Course of Study	Total Years of Study	Degree/Diploma & Major
High School				
Undergraduate				
Graduate/Professional				
Other (Specify)				

Employment History Start with **most recent** employer and list in chronological order. Account for any periods of unemployment. You must complete this section even if attaching a resume.

Employer (current <input type="checkbox"/> Yes <input type="checkbox"/> No) May we contact? _____	Start Date	End Date	Essential job functions of last position
Employer's address			1.
Employer's phone number	Starting Salary	Ending Salary	2.
Position held			3.
Supervisor's name:		Supervisor's email:	
Reason(s) for leaving:			

Employer	Start Date	End Date	Essential job functions of last position
Employer's address			1.
Employer's phone number	Starting Salary	Ending Salary	2.
Position held			3.
Supervisor's name:		Supervisor's email:	
Reason(s) for leaving:			

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Reason(s) for leaving:			

Training

List any languages you speak read or write that could be of benefit to the position applied for:

	Fluent	Good	Fair
Speak			
Read			
Write			

Computer Proficiency: MS Word MS Excel MS Power Point MS Publisher Other _____

(Proficiency test may be administered.)

Current professional licenses or certifications (list type and expiration date):

Special Skills/Abilities:

List any additional seminars, training or education not listed above which may help qualify you for this position:

Additional Information

Do you possess a valid driver's license? Yes No
Driver's License Number/State/Expiration date: _____

Have you ever been convicted of a felony or misdemeanor? Yes No

If yes, please list convictions and dates below (note: arrests are not convictions). You do not need to list summary offenses.

If hired, can you provide proof of US citizenship or proof of your legal right to work in the U.S.? Yes No

If you are under 18 years of age, can you provide proof of your eligibility to work? Yes No

Military Experience: Veteran of the US Military? Yes No Date from: _____ to: _____

Are you able to perform all of the essential functions of the job for which you are applying with or without reasonable accommodation? Yes No

References

List below three persons not related to you who have knowledge of your work performance within the last five (5) years.

Name	Occupation
Company Name	Phone
Address	Email
Relationship	Years Acquainted:

Name	Occupation
Company Name	Phone
Address	Email
Relationship	Years Acquainted:

Name	Occupation
Company Name	Phone
Address	Email
Relationship	Years Acquainted:

Please read each statement below carefully and initial acknowledgement of understanding.

____ It is the policy of Carson Valley Children’s Aid to provide equal opportunity in employment and advancement to qualified individuals without regard to race, color, religion, age, sex, national origin, ancestry, disability, veteran status, sexual orientation, or any other non-job related matter. We are committed to complying with all Federal, State and local laws providing for equal employment opportunities, as well as all laws related to terms and conditions of employment.

____ Drug/Alcohol Testing Disclosure: If you are offered a position with CVCA, you may be given a drug/alcohol test as a condition of employment. Your refusal to submit to a drug/alcohol test or failure to pass such a test means you will not be employed by this company. The test results will be kept confidential. Negative test results are required as a condition of employment.

____ Complete and Accurate Information: I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I have personally completed this application. I understand that any omission or misstatement of fact on this application, or any other document used to secure employment, shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

____ Testing Authorization: If offered a position with CVCA, I hereby agree to any legally permitted physical, psychological, skill, drug or medical test required by CVCA as a condition of employment.

____ I authorize investigation into all statements and references contained in this application. Investigations may include driving, criminal background, child abuse and FBI, references, prior employment and other background checks.

____ Employment At-Will: I understand and agree that if I am employed, my employment will be “at-will”, which means CVCA may terminate the employment relationship at any time, with or without cause with or without notice. The Company will, likewise, respect my right to terminate employment at any time, with or without cause and with or without notice.

I HAVE READ AND UNDERSTAND THE ABOVE POLICY STATEMENTS AND AGREE TO BE BOUND BY THEM IF EMPLOYED BY CVCA.

Signature

Date