

A Center for Function and Creativity



APPLICATION FOR EMPLOYMENT AT-WILL

CFC is an equal opportunity employer committed to the principles of diversity, inclusion and affirmative action. CFC acts affirmatively to recruit and to hire women, traditionally under-represented minority groups, persons with disabilities and veterans. Our application forms are designed to obtain an applicant's skills, knowledge, and abilities based on specific job requirements. Questions are designed to elicit enough data for CFC to determine the applicant's abilities to meet basic job requirements. Applications will remain on file for two years.

I. Identifying information

Name _____

Application Date _____

Position Sought _____

Telephone (including area code) () _____

Address _____

City _____ State _____ Zip _____

Are you a US Citizen? Yes _____ No _____

If no, do you have the legal right to remain and work in the United States?

Yes _____ No _____

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II. Formal Education

Please list formal schooling: Include academic, vocational, professional degrees and/or licenses.

NAME/LOCATION OF SCHOOL	DATE OF GRADUATION/DEGREE

III. Professional References

Please list three professional references. Include telephone numbers at which they can be most easily reached. All three references will be contacted for you to be considered for employment.

NAME/TITLE	COMPANY/ORGANIZATION	TELEPHONE NUMBER

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IV. Employment History

List most recent employment first. Please include paid positions only.

Company or Organization _____ Telephone _____
Address _____ City _____ State _____
Position(s) held _____ start date _____ end date _____
Supervisor _____ Salary _____
Description of Duties _____

Reason for Leaving _____

Company or Organization _____ Telephone _____
Address _____ City _____ State _____
Position(s) held _____ start date _____ end date _____
Supervisor _____ Salary _____
Description of Duties _____

Reason for Leaving _____

Company or Organization _____ Telephone _____
Address _____ City _____ State _____
Position(s) held _____ start date _____ end date _____
Supervisor _____ Salary _____
Description of Duties _____

Reason for Leaving _____

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V. Background Experience

In the spaces provided below, describe activities and training relevant to the position sought and list any special skills or talents which you would be willing to teach to others.

Volunteer Work or Community Connections

Skills or Talents (which you are able and willing to teach to others)

Trainings or Special Certifications (please include all state-mandated trainings you have had such as CPR/First Aid, Defensive Driving, etc.)

What motivates you to work with individuals with disabilities?



VI. Criminal Records Check

I consent to being fingerprinted for a criminal records background check at CFC expense if required. Yes _____ No _____

If not, why? _____

VII. Military History

Have you ever served in the U.S. Armed Forces? Yes _____ No _____

VIII. Driver's License Information

Drivers Licenses: (list all licenses held in the past three years; indicate those that are current)

STATE	LICENSE NUMBER	CLASS	ENDORSEMENT(S)	EXPIRATION DATE

Have you ever been denied, or had revoked or suspended any license, permit, or privilege to operate a motor vehicle? Yes _____ No _____

If yes, please provide full details _____

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IX. Acknowledgement

TO BE READ AND SIGNED BY THE APPLICANT:

ALL ENTRIES AND INFORMATION ON THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT, IF HIRED, ANY MISREPRESENTATION OF INFORMATION ON THIS APPLICATION IS CAUSE FOR IMMEDIATE TERMINATION.

I authorize CFC to investigate my background to ascertain all information of concern to my employment history, whether same is of record or note, and I hereby release those providing such information from all liability resulting from furnishing this information. Furthermore, I understand that I may be asked to demonstrate my ability to perform the essential functions necessary to complete the job and, if offered the job, that it may be conditional pending the results of a drug test administered in accordance with applicable law.

APPLICANT'S SIGNATURE _____ DATE _____