



Prior to employment, this agency requires you to:

- 1) complete in full, this application for employment
- 2) have a personal interview with a designated manager
- 3) be at least 18 years of age and have a high school diploma or GED
- 4) Submit to a criminal background check, and
- 5) be certified in CPR/First Aid, or willing to obtain certification.

## APPLICATION FOR EMPLOYMENT

**Please select one:**  After-School Care  A-Teens  Women's Program  OTHER \_\_\_\_\_

### PERSONAL INFORMATION

DATE \_\_\_\_\_ TX DL # \_\_\_\_\_

NAME \_\_\_\_\_ EMAIL \_\_\_\_\_  
Last First M.I.

ADDRESS \_\_\_\_\_  
Street City State ZIP

HOW LONG HAVE YOU LIVED AT THIS ADDRESS? \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ ARE YOU 18 YEARS OR OLDER?  YES  NO

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED  
 IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS?  YES  NO

### EMPLOYMENT DESIRED

DATE YOU CAN START \_\_\_\_\_ SALARY DESIRED \_\_\_\_\_

DO YOU HAVE TRANSPORTATION TO WORK? \_\_\_\_\_

HOW DID YOU HEAR ABOUT THIS JOB? \_\_\_\_\_

### EDUCATION

	NAME & LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

### GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK \_\_\_\_\_

SPECIAL SKILLS \_\_\_\_\_

**FORMER EMPLOYERS** (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT FIRST).

DATE MONTH & YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING	NAME OF SUPERVISOR
FROM					
TO					
FROM					
TO					
FROM					
TO					

ARE YOU EMPLOYED NOW? \_\_\_\_\_ IF SO MAY WE CONTACT  
YOUR PRESENT EMPLOYER? \_\_\_\_\_  
HAVE YOU EVER BEEN FIRED? YES \_\_\_\_\_ NO \_\_\_\_\_ (IF YES, EXPLAIN) \_\_\_\_\_

WHICH OF THESE JOBS DID YOU LIKE BEST? \_\_\_\_\_

WHAT DID YOU LIKE MOST ABOUT THIS JOB? \_\_\_\_\_

**REFERENCES:** GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR. DO NOT LIST RELATIVES, FRIENDS, OR SUPERVISORS NOTED PREVIOUSLY.

NAME	PHONE NUMBER & E-MAIL	BUSINESS	YEARS ACQUAINTED/ HOW ACQUAINTED

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR?  YES  NO

ARE THERE ANY PENDING CHARGES AGAINST YOU?  YES  NO

If you answered yes to the above questions, please explain: \_\_\_\_\_

MOST POSITIONS ARE PART-TIME (15 HOURS A WEEK) UNLESS OTHERWISE DENOTED IN JOB  
ADVERTISEMENT. IS PART TIME THE TYPE OF WORK YOU ARE APPLYING?  YES  NO

OR ARE YOU LOOKING FOR FULL-TIME?  YES  NO

WOULD YOU AGREE TO A CRIMINAL HISTORY BACKGROUND CHECK AND A DRUG TEST?  YES  NO

ARE YOU CURRENTLY CERTIFIED IN CHILD/ADULT CPR?  YES  NO

ARE YOU CURRENTLY CERTIFIED IN FIRST AID?  YES  NO

**WHAT DAYS ARE YOU AVAILABLE TO WORK?**

DAY OF THE WEEK	AFTER-SCHOOL CARE 2:30 – 6:00 PM	A-TEENS FOR MIDDLE SCHOOL GIRLS 3:15 PM – 5:30 PM	OTHER
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
SATURDAY (FOR TRAININGS – PLEASE DENOTE TIMES)			

*ADDITIONAL INFORMATION*

**IF YOU ARE A STUDENT, PLEASE LIST YOUR CLASS SCHEDULE:**

SEMESTER \_\_\_\_\_

MONDAY	
TUESDAY	
WEDNESDAY	
THURSDAY	
FRIDAY	
SATURDAY	

**HAVE YOU WORKED WITH CHILDREN OR YOUTH BEFORE?**     YES     NO

LIST ALL PREVIOUS WORK EXPERIENCES YOU HAVE HAD WITH CHILDREN. (IF ANY)

DATE MONTH & YEAR	AGENCY/GROUP AFFILIATION	ACTIVITIES YOU PERFORMED	SUPERVISOR
FROM			
TO			
FROM			
TO			
FROM			
TO			

**WHY DO YOU WANT TO WORK WITH CHILDREN OR YOUTH?**

IF APPLYING FOR JOB OTHER THAN AFTER-SCHOOL CARE OR A-TEENS, PLEASE LIST WHY YOU WANT TO WORK FOR ALLIANCE FOR WOMEN & CHILDREN

\_\_\_\_\_

\_\_\_\_\_

I HEREBY CERTIFY THAT THE INFORMATION GIVEN IN THIS APPLICATION FOR EMPLOYMENT IS FACTUAL TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE THE ALLIANCE FOR WOMEN & CHILDREN TO VERIFY ANY OR ALL FACTS GIVEN IN THIS APPLICATION. I UNDERSTAND THAT, IF EMPLOYED, FALSE STATEMENTS ON THIS APPLICATION SHALL BE CONSIDERED SUFFICIENT CAUSE FOR DISMISSAL.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_