



# Episcopal Children's Services

Better Lives Start With Better Beginnings.

## EMPLOYMENT APPLICATION AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

Employees of ECS and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, marital status, gender, or age.

Please answer all questions. **Resumes are not accepted in lieu of completion of this application.**

### GENERAL INFORMATION

Position Applied for: \_\_\_\_\_ Date: \_\_\_\_\_

Full Legal Name: \_\_\_\_\_ Nickname: \_\_\_\_\_  
Last First Middle

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

### BACKGROUND

Are you legally authorized to work in the United States?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
If you are under 18 years of age, can you provide required proof of your eligibility to work?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Do you possess a valid driver's license?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Is there any fact or circumstance about you or your background that would call into question the advisability of entrusting you with the supervision, guidance, and care of young people? If yes, please explain.	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Have you ever had any license or certification (e.g. professional) suspended or revoked? If yes, please explain.	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Have you ever had a Driver's License revoked or suspended? If yes, please explain.	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Have you ever been arrested for DWI (driving while intoxicated) or a DUI (driving under the influence)? If yes, please explain.	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Have you ever been convicted of, or pled guilty, nolo contendee, or no contest, to a crime? If yes, please explain.	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Have you ever been charged with a crime and either been placed on a court-ordered probation, had adjudication withheld, or entered in a pretrial intervention program? If yes, please explain.	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

Name: \_\_\_\_\_

Have you ever been convicted of child abuse or a crime involving actual or attempted sexual molestation of a minor?

YES

NO

If yes, please explain.

Has any charge, claim, or complaint ever been made and sustained that you engaged in inappropriate sexual behavior?

YES

NO

If yes, please explain.

Were you a victim of abuse or molestation while a minor?

YES

NO

*(You may discuss your answer in confidence with the HR department.)*

## EDUCATIONAL HISTORY

High School  
(name):

Location:

Diploma

Other (specify)  \_\_\_\_\_

Highest Grade Completed: \_\_\_\_\_

College Graduate

YES

NO

If no, give total credit received: \_\_\_\_\_

Your name if different while attending school: \_\_\_\_\_

Job - Related Training and Course Work - List any skills, licenses, and certificates which are related to the job you seek:

Undergraduate College/ University:

Degree \_\_\_\_\_

Year Degree Obtained \_\_\_\_\_

Pertinent Undergraduate Courses:

Graduate College/ University:

Degree \_\_\_\_\_

Year Degree Obtained \_\_\_\_\_

Pertinent Graduate Courses:

Other :

Degree \_\_\_\_\_

Year Degree Obtained \_\_\_\_\_

Pertinent Courses:

Name: \_\_\_\_\_

## REFERENCES

List people not related to you, who are familiar with your work:

Name	Address	Phone	Occupation
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Name	Address	Phone	Occupation
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Name	Address	Phone	Occupation
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Name	Address	Phone	Occupation
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## EMPLOYMENT HISTORY

Describe your work experience in detail, beginning with your current or most recent job. Include military service and job related volunteer work, if applicable. Provide an explanation for any gaps in employment. **All information in this section must be complete.** A resume may be attached, but not substituted for completing this section. **Teaching applicants must list every job held the past two years.**

1. Name of Present or Last Employer

Address	Phone	Supervisor's Name
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Job Title	Hours Per Week	Salary
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From	To	May we contact this employer?	YES	NO				
Month	Day	Year	Month	Day	Year		<input type="checkbox"/>	<input type="checkbox"/>

Job Duties

Reason for Leaving

2. Name of Employer

Address	Phone	Supervisor's Name
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Job Title	Hours Per Week	Salary
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From	To				
Month	Day	Year	Month	Day	Year

Job Duties

Name: \_\_\_\_\_

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Reason for Leaving

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3. Name of Employer

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Address

Phone

Supervisor's Name

Job  
Title

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From				To				Hours Per Week	Salary
Month	Day	Year		Month	Day	Year			

Job Duties

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Reason for Leaving

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4. Name of Employer

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Address

Phone

Job  
Title

Supervisor's Name

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From				To				Hours Per Week	Salary
Month	Day	Year		Month	Day	Year			

Job Duties

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Reason for Leaving

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5. Name of Employer

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Address

Phone

Job  
Title

Supervisor's Name

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From				To				Hours Per Week	Salary
Month	Day	Year		Month	Day	Year			

Job Duties

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Reason for Leaving

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6. Name of Employer

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Address

Phone

Job  
Title

Supervisor's Name

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From				To				Hours Per Week	Salary
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Name: \_\_\_\_\_

Month Day Year Month Day Year

Job Duties

Reason for Leaving

7. Name of Employer

Address

Phone

Job Title

Supervisor's Name

From Month Day Year To Month Day Year Hours Per Week Salary

Job Duties

Reason for Leaving

8. Name of Employer

Address

Phone

Job Title

Supervisor's Name

From Month Day Year To Month Day Year Hours Per Week Salary

Job Duties

Reason for Leaving

Are you a veteran of the U.S. Military Service? YES  NO

If yes, what branch of service:

Date of Discharge:

From Month Day Year To Month Day Year

MISCELLANEOUS

Have you filled out an application here before? YES  NO  If yes, give date \_\_\_\_\_  
Have you ever been employed here before? YES  NO  If yes, give date \_\_\_\_\_

What age of children do you prefer to work with? (if applicable) \_\_\_\_\_

On what date would you be available? \_\_\_\_\_

What is your minimum length of commitment? \_\_\_\_\_

Do you have any special requirements of which we should be aware (For example: cannot drive, prefer daytime hours only, cannot participate in outdoor activities, etc.):

Do you have transportation to work? YES  NO   
Will you work overtime if asked? YES  NO

Name: \_\_\_\_\_

Are there any hours, shifts or days you will not work?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If yes, please explain _____
Can you travel if required by job?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
Do you have any friends or relatives who work here?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	

Name _____	Relationship _____
Name _____	Relationship _____

**PLEASE CAREFULLY READ THE FOLLOWING STATEMENTS**

**Authority to Release Information:** By my signature, I consent to the release of information to authorized officers, agents, and/or employees of Episcopal Children’s Services (ECS) which may include but not be limited to information concerning my past and present work; including my official personnel files; attendance files; evaluations; educational records including transcripts; military service; law enforcement records; and/or any personnel record deemed necessary. In addition, I consent to authorize appropriate offers, agents, and/or employees of ECS to make inquired of third parties such as credit bureaus. I further release the organization, educational entity, present and former employers, lay enforcement organization, and all third parties from any and all claims of whatever nature that I may have as a result of any inquire or response give to such inquires made in connection with my application for employment.

I also understand that, if I am given an offer of employment, it will be conditional on satisfactory results of a background investigation and/or a medical examination or inquiry (including a drug screening test). I further understand and voluntarily agree, as a condition of employment or my continued employment, that I may be requested to submit to a urinalysis or other drug screening test, and that my failure to take such test(s) when requested to do so or unsatisfactory results will disqualify me from consideration for employment, or if I am then employed, may result in my immediate dismissal.

Further, by my signature below, I signify that I understand that it is the policy of ECS that all eligible employees participate as a member of the Agency’s group insurance plan.

**Certification of Applicant:** I certify that the foregoing answers are true and correct to the best of my knowledge. I authorize the investigation of all statements contained in this application and hereby give this permission to contact schools, previous employers, references, and others, and hereby release the Agency from any liability as a result of such contact. I understand that any false or misleading information or omissions of facts requested in this application or interview may remove me from further consideration for employment. In addition, if employed, any false or misleading statement or omission of fact called for in this application may be cause of subsequent dismissal at any time without previous notice. Under penalty of perjury, I swear or affirm that the information contained in this application is true, complete and correct.

Signature

Date

Name: \_\_\_\_\_

**EEO DATA REPORTING FORM**

The federal government requires the following information to be collected for statistical reporting as a part of the Affirmative Action Program. Refusal to answer will not result in adverse treatment of any applicant. This information is not used in the employment process nor released in a manner which identifies the individual. This form will be removed prior to being forwarded to the hiring manager.

Today's Date \_\_\_\_\_  
Month    Date    Year

Social Security Number: \_\_\_\_\_

Last Name \_\_\_\_\_

First Name \_\_\_\_\_ Middle \_\_\_\_\_

Position for which you are applying: \_\_\_\_\_

Title

Sex (check appropriate box)    Male        Female   

Date of Birth \_\_\_\_\_  
Month    Date    Year

- Race (check appropriate box)
- 1.  American Indian / Alaskan Native
  - 2.  Asian
  - 3.  Native Hawaiian or Other Pacific Islander
  - 4.  Black / Non Hispanic or Latino
  - 5.  Hispanic / Latino
  - 6.  White / Non Hispanic or Latino
  - 7.  Two or More Races

Please identify where you learned about an employment opportunity with ECS

- Newspaper Ad
- Employee Referral
- Internet
- Tech School / college placement
- Temporary Service
- State Employment Service
- Other