

# Child & Family

Caring for our Community since 1866.

24 School Street • Newport, RI 02840  
Tel: 401.849.2300 • Fax: 401.848.4156  
www.cfsnewport.org

## APPLICATION FOR EMPLOYMENT

### Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, age, or disability. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

Each question on this application should be answered fully and accurately. No action can be taken on this application until all questions have been answered. Use blank paper if you need additional space to answer any of the questions. **PLEASE PRINT**, except for your signature on the last page of this application. In reading and answering the following questions, please be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

### PERSONAL INFORMATION

Full First Name	Last Name	Middle Initial	Date of Application
Street Address	City	State	Zip
Position Desired	E-mail address		Telephone Number
			Date of Availability

What type of employment are you seeking? (please check one)  Full-time  Part-time  On-Call/Fill-in  Temporary

As of today's date, are you 18 years of age or older?  Yes  No  
(If you are hired, you may be required to provide proof of age.)

Why are you interested in working for Child & Family? \_\_\_\_\_  
\_\_\_\_\_

How did you hear about C&F? (please check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Current Employee (name) _____         | <input type="checkbox"/> Internet ad. (which site) _____ |
| <input type="checkbox"/> Radio advert. (which station) _____   | <input type="checkbox"/> Other (please specify) _____    |
| <input type="checkbox"/> Newspaper advert. (which paper) _____ | <input type="checkbox"/> A friend                        |

Have you ever before **applied** to C&F?  Yes  No

If Yes, when and for what position? \_\_\_\_\_

Have you ever before **worked** for C&F?  Yes  No

If Yes:  
In what capacity? \_\_\_\_\_

Between what (approx.) dates? \_\_\_\_\_

*Our Mission: "To strengthen families, their members, and the communities in which they live"*

## ACADEMIC BACKGROUND

Name of High School	Location: City & State	Did you graduate or receive equivalent?	Major Course of Study
		Yes          No	
Name of Undergraduate Institution	Location: City & State	Did you graduate?	Major Course of Study/Degree Obtained
		Yes          No	
Name of Graduate Institution	Location: City & State	Did you graduate?	Major Course of Study/Degree Obtained
		Yes          No	

## PREVIOUS WORK EXPERIENCE (Please list VOLUNTEER and PAID Positions)

Please begin with current or most recent job. PLEASE PRINT.

Company Name	Location: City & State	Dates of Employment	Position Held	Wage/ Salary
Company Name	Location: City & State	Dates of Employment	Position Held	Wage/ Salary
Company Name	Location: City & State	Dates of Employment	Position Held	Wage/ Salary
Company Name	Location: City & State	Dates of Employment	Position Held	Wage/ Salary

May we contact your present employer?    Yes    No

If Yes, please give name and telephone number; If No, please explain: \_\_\_\_\_

\_\_\_\_\_

## REFERENCES

List **three (3) individuals** who are not related to you. No less than two (2) should be current or former supervisors in either current or former paid or volunteer positions. References listed may also be high school teachers/counselors or university professors who are familiar with your abilities and your work ethic. PLEASE PRINT.

Name	Job Title	Company/Organization	Telephone Number
Name	Job Title	Company/Organization	Telephone Number
Name	Job Title	Company/Organization	Telephone Number

**GENERAL SKILLS**

Please list any languages, **other than English**, with which you have experience, and indicate your level of proficiency (i.e. *fluent, passable, with difficulty*, etc.).

Language	Years Spoken	Verbal Proficiency	Written Proficiency	Comprehension Proficiency
Language	Years Spoken	Verbal Proficiency	Written Proficiency	Comprehension Proficiency
Language	Years Spoken	Verbal Proficiency	Written Proficiency	Comprehension Proficiency

Please list any other skills (i.e. clerical, computer, previous training, etc.) that you may possess and which you believe may be applicable to the position for which you are applying:

\_\_\_\_\_

\_\_\_\_\_

**PROGRAM-SPECIFIC INFORMATION**

Please answer the following questions **only if** you are applying for a position in *Elder Support Services, Residential Services, Family Counseling, or Community Based Services*:

Do you have a valid driver's license?.....  Yes  No

If Yes: State of Issuance \_\_\_\_\_ License # \_\_\_\_\_

Class of License \_\_\_\_\_

Have you had your driver's license revoked or suspended in the last 3 years?.....  Yes  No

If Yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Do you have your own vehicle?.....  Yes  No

Do you have your own Professional Liability Insurance? (*Clinicians only*).....  Yes  No

**OTHER INFORMATION**

Have you ever been convicted of a felony?  Yes  No

If Yes, please explain: \_\_\_\_\_

\_\_\_\_\_

*(A "Yes" answer does not automatically disqualify you from employment, since the nature of the offense, date, and the job for which you are applying will also be considered.)*

Have you ever been fired or been asked to resign from a job?  Yes  No

If Yes, please explain: \_\_\_\_\_

\_\_\_\_\_

## AUTHORIZATION AND AGREEMENT

### PLEASE READ CAREFULLY EACH STATEMENT BELOW BEFORE SIGNING

*I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.*

*I authorize and agree to cooperate in a thorough investigation of all statements made herein and other matters relating to my background and qualifications. I understand that any investigation conducted may include a request for employment and educational history, credit reports, consumer reports, investigative consumer reports, driving record, and criminal history. I authorize any person, school, current and former employer, consumer reporting agency, and any other organization or agency to provide information relevant to such investigation and I hereby release all persons and corporations requesting or supplying information pursuant to such investigation from all liability or responsibility to me for doing so. I understand that I have the right to make a written request within a reasonable period of time for complete disclosure of the nature and scope of any investigation. I further authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the job for which I am being considered or any future job in the event that I am hired.*

*I understand that compliance with the Agency's Confidentiality Policy is a condition of my employment.*

*I understand that I may be required to successfully pass a drug-screening examination. I hereby consent to a pre-employment drug screen as a condition of my employment, if required.*

***I UNDERSTAND THAT THIS APPLICATION FOR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.***

I have read, understand, and by my signature here consent to the above statements.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date