



Hathaway-Sycamores

Child and Family Services

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

Hathaway-Sycamores is an EQUAL OPPORTUNITY EMPLOYER. We consider applicants without regard to race, color, religion, sex, national origin, age, marital or veteran status, sexual orientation, gender identity/expression, disability, medical condition, genetic information, or any other basis protected by law.

Name	Last	First	Middle
Address	Street	City	State Zip
Telephone	Home	Other	
Date of Application:			
Position(s) you are applying for or type of work desired:			
How did you hear about us?			
<input type="checkbox"/> LinkedIn <input type="checkbox"/> Indeed <input type="checkbox"/> Job Fair <input type="checkbox"/> Other: _____ <input type="checkbox"/> CareerBuilder <input type="checkbox"/> NASW <input type="checkbox"/> Company Career Website <input type="checkbox"/> Social Services <input type="checkbox"/> Glassdoor <input type="checkbox"/> Employee Referral, Name: _____			
Have you ever been employed by us before? Yes No			
If yes, please include dates of employment: _____			
Are you over 18 years of age? Yes No		Are you employed now? Yes No	
May we contact your present employer? Yes No		On what day will you be able to begin work?	
Are you available to work: Full-Time Part-Time Temporary			
Do you have reliable transportation to/from the work location? Yes No			
Are you currently authorized to work in the United States? Yes No (Proof of eligibility to work in the United States will be required if you are hired.)			

SPECIALIZED TRAINING AND PROFESSIONAL LICENSES

Describe specialized training, apprenticeships and professional licenses

Professional License #

State

Expiration Date:

EDUCATION

	School Name	Completed Yes/No	Major/Emphasis	Diploma/Degree
<u>High School</u>				
<u>College</u>				
<u>College</u>				
<u>Technical/Other</u>				

SPECIAL SKILLS AND QUALIFICATIONS

Please list languages in which you are fluent and describe any computer or equipment skills, or other qualifications you have:

HONORS RECEIVED

Please list all honors received:

EMPLOYMENT EXPERIENCE

Begin with your present or most recent job. Add additional sheets if necessary.

Company Name		Job Title		
Address	Street	City	State	Zip
Supervisor's Name		Telephone		
Hours worked per week		Dates employed - - to - -		
Reason for leaving				
Work Performed				

Company Name		Job Title		
Address	Street	City	State	Zip
Supervisor's Name		Telephone		
Hours worked per week		Dates Employed - - to - -		
Reason for leaving				
Work Performed				

Company Name		Job Title		
Address	Street	City	State	Zip
Supervisor's Name		Telephone		
Hours worked per week		Dates Employed - - to - -		
Reason for leaving				
Worked Performed				

NOTE: We may contact the employers listed above unless you indicate those whom you do not want us to contact. We will not contact any employment references before a conditional job offer is made.

DO NOT CONTACT: _____

Have you ever been disciplined, discharged, laid off, or asked to resign by another employer? Yes No

If yes, please explain: _____

REFERENCES

Please list the name, address and telephone numbers of three professional references. If you wish to submit additional personal or professional references, please attach to the application.

Name	Last	First	Middle
Address	Street	City	State Zip
Telephone	Home	Other	
Name	Last	First	Middle
Address	Street	City	State Zip
Telephone	Home	Other	
Name	Last	First	Middle
Address	Street	City	State Zip
Telephone	Home	Other	

CERTIFICATION OF EMPLOYMENT APPLICATION

(By signing below you are certifying that you have read, fully understand, and accept all terms of this application.)

I hereby certify that the information contained in this application form is true and correct to the best of my knowledge, and that I have not knowingly withheld any information that might adversely affect my chances for employment. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any misstatement or omission of material fact on this application or on any 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.

I understand that nothing contained in this application, or conveyed during any interview which may or may not be granted, or during my employment, if I am hired, is intended to create a contract for any employment relationship or continued employment between Hathaway-Sycamores and myself.

I understand that this application only applies for the position I am applying for and only remains current for only 30 days. At the conclusion of that time, if I have not heard from Hathaway-Sycamores and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

I understand that all candidates who are presented with a conditional offer of employment must satisfy a pre-employment background check, drug and health screen.

Applicant's Signature

Date

PERSONAL STATEMENT

Explain why you think Hathaway-Sycamores should hire you:
