



202 East Bagley Road
 Berea, Ohio 44017-2090
 Phone: 440/234-2006

VALID AND ACTIVE FOR A PERIOD OF 30 DAYS

APPLICATION FOR EMPLOYMENT

PLEASE PRINT

PERSONAL

Date of Application _____

Email Address _____

Name _____
LAST FIRST MIDDLE

Address _____
NUMBER STREET CITY STATE ZIP CODE

Home Phone No. _____ Social Security No. _____
AREA CODE

Cellular Phone No. _____
AREA CODE

In Emergency Notify _____
(Name) (Relation)

(Address)

(City) (State) (Zip)

Home Telephone (_____) _____
 Cellular Telephone (_____) _____
 Business Telephone (_____) _____

Is there anything which would limit your ability to perform all the essential duties of the position for which you are applying?

Have you ever been bonded? _____ If yes, on what jobs? _____

Have you ever been convicted of a crime? _____

If yes, describe in full and include dates: _____

State licensing laws require minimum age requirements for certain positions. Do you meet the following requirements:

Are you over the age of eighteen? _____ Are you over the age of twenty-one? _____

Do you have a valid driver's license? _____ Any moving violations/accidents/points on that license? _____

Position(s) applied for _____ Rate of pay expected \$ _____ per week.

Would you work Full-Time _____ Part-Time _____ Specify days and hours if part-time _____

When would you be available for work? _____

If employed, does this agency have your permission to use photographs which may have been taken during the course of your employment for publications related to the work of the agency? _____ Yes _____ No

EDUCATION

School	Name and Address of School	Course of Study	Check Last Year Completed				Did You Graduate?	List Diploma or Degree
			1	2	3	4		
High	_____	_____	1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	_____		1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College	_____	_____	1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	_____		1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (Specify)	_____	_____	1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	_____		1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Please read each of the following statements and place your initials by each one to indicate that you understand and agree to the terms, then sign and date this form at the bottom.

_____ I certify that answers given herein are true and complete, and that if I am employed, any incorrect or misleading information given in this application or any interview can result in discharge.

_____ I authorize investigation of all statements contained in this application. I authorize the companies, schools or persons named to give any information regarding my employment and release them from all liability in connection with releasing information.

_____ I consent to have Berea Children's Home and Family Services contact the people listed on this form for references and authorize these individuals to provide truthful information regarding my qualifications for employment and previous work. I also agree to waive liability against persons named as references, provided the information they supply is honest, factual and given without malice.

_____ I understand that employment is "at will", which means that either I or my employer can end the employment relationship at any time, with or without prior notice or disciplinary action, and for no reason or any reason not prohibited by statute. I understand that no supervisor, manager or executive of the employer, other than the President & CEO in writing, has any authority to alter or waive the foregoing.

Signature of Applicant

Date

OTHER COMMENTS BY APPLICANT:

Other comments by Applicant, continued

BELOW FOR OFFICE USE ONLY

INTERVIEWER	DATE	COMMENTS

Disposition of application

- Employed
Date _____
 Confirming letter sent

- Filed for future employment
Date _____
 Applicant notified

- Rejected
Date _____
 Applicant notified

DATE _____

BEREA CHILDREN'S HOME & FAMILY SERVICES
VOLUNTARY APPLICANT FLOW INFORMATION SHEET

***IMPORTANT* ALL APPLICANTS**

This company is a Government Contractor and is subject to executive order 11246, as amended, Section 503 of the Veteran's Readjustment Assistance act of 1974, and the ADA. To meet Government reporting regulations, applicants are asked to complete this data sheet. Information will be used solely for Government reporting purposes. It WILL NOT be used as selection criteria and is considered personal and confidential. Your voluntary cooperation is appreciated.

NAME _____
POSITION APPLYING FOR _____

<p><u>RACE and ETHNICITY (may choose more than one)</u></p> <p>_____ Hispanic or Latino _____ Caucasian/White _____ African American/Black _____ Asians _____ Native Hawaiian or Other Pacific Islander _____ American Indian or Alaska Native _____ Two or more races (Not Hispanic or Latino) _____ (Specify)</p>	<p><u>SEX</u></p> <p>_____ Female _____ Male</p> <hr/> <p><u>Vietnam Era Veteran</u></p> <p>_____ yes _____ no</p>
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DISABILITY

The Americans with Disabilities Act prohibits questions regarding a physical or mental impairment which may or may not impact your ability to perform the functions of the position for which you are applying. However, as a Government Contractor, we are required to invite you to self-identify. It is strictly voluntary and this information will have absolutely no impact on whether or not you are offered employment. If you choose to identify yourself as a person with a disability, please explain the nature of the disability below.

REFERRAL SOURCE

_____ Walk-In	_____ Employee Referral	_____ Temp Agency
_____ Internet	_____ Newspaper	_____ College
_____ BCH&FS Website	_____ Minority Group	_____ Other
		_____ (Specify)

THANK YOU FOR YOUR COOPERATION
EOE/AA M/F/D/V