



Application for Employment COALITION FOR KIDS, INC.

For office use only	
Date received	_____
Interview date	_____
If hired, date	_____
Last date	_____

We are an equal employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring accommodation to the application and/or interview process should notify a representative of the organization.

Applicant Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

E-mail Address: _____

Telephone #: _____ Cell #: _____ Drivers license #: _____ State: _____

Position(s) applied for or type of work desired: _____

Type of employment desired: Full-time: _____ Part-time : _____ Temporary: _____

Do you have any objection to working overtime if necessary? (Circle one) Yes No

Can you travel, if required, by this position? (Circle one) Yes No

Can you submit proof of legal employment authorization and identity? (Circle one) Yes No

If you are under 18, can you furnish a work permit if it is required? (Circle one) Yes No

Can you submit to a fingerprinting sample, drug screening, if applicable, and/or a medical report? Yes No

Have you ever been accused or convicted of any crime, including sex-related or child-abuse related offenses? Yes No

If yes, please explain (a conviction will not automatically bar employment): _____

How did you hear about the Coalition For Kids? _____

EMPLOYMENT HISTORY *Please provide all employment information for your past four employers starting with the most recent.*

Employer: _____ Position held: _____

Address: _____ City: _____ State: _____ Zip: _____

Immediate supervisor and title: _____ Telephone #: _____

Dates employed from: _____ to _____ Salary: _____

Job Summary: _____

Reason for leaving: _____

Employer: _____ Position held: _____

Address: _____ City: _____ State: _____ Zip: _____

Immediate supervisor and title: _____ Telephone #: _____

Dates employed from: _____ to _____ Salary: _____

Job Summary: _____

Reason for leaving: _____

Employer: _____ Position held: _____

Address: _____ City: _____ State: _____ Zip: _____

Immediate supervisor and title: _____ Telephone #: _____

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Dates employed from: _____ to _____ Salary: _____

Job Summary: _____

Reason for leaving: _____

OTHER SKILLS AND QUALIFICATIONS Summarize any job-related training, licenses, certificates, or qualifications

EDUCATION HISTORY

	School	Address	Years Completed	Course of Study/ Degree Earned
High School				
College				
Technical Training				
Other				

Can you provide a copy of your diploma or transcript upon request? (circle one) Yes No

CIVIC/COMMUNITY ACTIVITIES

List any groups or clubs that you hold membership in and any offices or positions held: _____

REFERENCES & GENERAL INFORMATION

List 3 references (do not include relatives or employers)

Name: _____ Relationship: _____ Number of years Known: _____
 Address: _____ City: _____ State: _____ Zip: _____

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Why are you interested in this position? _____

Use three words that describe your personality: _____, _____, _____
 What importance do these words play in tutoring young children: _____

What is your personal philosophy of a faith-based, after school program: _____

What makes a successful faith-based, after school program: _____

I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application for all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representative for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information. I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I employed, whenever it may be discovered. If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either the employer or I can terminate the relationship at will, with or without cause, at anytime, so long as there is no violation of applicable federal or state law. I understand that it is the policy of this organizations not to refuse or otherwise discriminate against a qualified individual with a disability because of that persons need for a reasonable accommodation required by the ADA. I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment. I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Applicant signature: _____ Date: _____