

U-LAUNCH: CHILDHOOD DEVELOPMENT HOMES

Application for Employment

Date of Application _____

All applicants will be considered for employment without regard to race, religion, color, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other status protected by the law. U-LAUNCH: Childhood Development Homes is an Equal Opportunity Employer.

POSITION APPLIED FOR

____ Full Time ____ Part Time

Expected Salary per hour

Expected Salary per year

Email address

PERSONAL DATA

Name (last, first, middle)

Address

City

State

Zip Code

Home/cell phone ()

Business Phone ()

Are you at least 18 years of age? ____ Yes ____ No

Date you are available to start work?

If requesting part time, list days and hours available (Staff must work the same hours Monday-Friday)

Have you worked for us before?

In what position?

When?

Where?

EDUCATION

1. Circle highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12

Do you have a high school diploma?

Name and location of high school _____ ____ Yes ____ No

2. If you did not complete high school, do you have a high school equivalency diploma? ____ Yes ____ No

3. Circle number of years of education past high school 1 2 3 4 5 6 7

Name and location of School/College/University _____ Dates attended _____

Hours

Degree received

Specialty

Minor

4. If you expect to complete an educational program in the near future, please indicate what type of degree or program and expected completion date.

First Aid Certification

____ Yes

____ No

Expiration Date _____

CPR Certification

____ Yes

____ No

Expiration Date _____

EXPERIENCE

Starting with your most recent job, describe all paid and military positions. Use additional pages if necessary.

1. Job Title		Salary			
Employer					
Address					
Phone ()					
Type of business					
Immediate supervisor					
Dates of employment (From)		(To)	Full time	Part time	Hours per week
Job Duties					
May we contact employer for a reference? Yes No					

2. Job Title		Salary			
Employer					
Address					
Phone ()					
Type of business					
Immediate supervisor					
Dates of employment (From)		(To)	Full time	Part time	Hours per week
Job Duties					
May we contact employer for a reference? Yes No					

3. Job Title		Salary			
Employer					
Address					
Phone ()					
Type of business					
Immediate supervisor					
Dates of employment (From)		(To)	Full time	Part time	Hours per week
Job Duties					
May we contact employer for a reference? Yes No					

EXPERIENCE (continued)

4. In narrative form, describe your special skills, talents, volunteer work or training that would help us evaluate your application.

REFERENCES

List names, addresses, and relationships to you of three people (not related to you) whom we may contact for information about your qualifications.

1. Name/Title

Company	Work phone ()
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Address

City	State	Zip code
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Relationship to you

2. Name/Title

Company	Work phone ()
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Address

City	State	Zip code
------	-------	----------

Relationship to you

2. Name/Title

Company	Work phone ()
---------	-------------------

Address

City	State	Zip code
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Relationship to you

MISCELLANEOUS DATA

1. Have you ever been convicted of an offense (excluding minor traffic violations)? _____ Yes _____ No
2. If you are hired, you will be required to have a criminal records background check. Is this acceptable to you? _____ Yes _____ No
3. Is there anything that would interfere with your ability to successfully perform the duties of this position? _____ Yes _____ No

If yes, please specify:

4. List person to be contacted in case of emergency: Name _____

Address _____

Phone _____

Sworn Disclosure Statement

1. Have you ever been convicted of or are you the subject of pending charges of any crime within the Commonwealth or equivalent offense outside the Commonwealth?

a. _____ Yes (convicted in Virginia) _____ Yes (pending in Virginia) _____ No

If yes or pending, specify crime(s): _____

b. _____ Yes (convicted outside Virginia) _____ Yes (pending outside Virginia) _____ No

If yes or pending, specify crime(s) and state, or other location: _____

2. Have you ever been the subject of a founded complaint of child abuse or neglect within or outside the Commonwealth?

a. _____ Yes (in Virginia) _____ No (in Virginia)

b. _____ Yes (outside Virginia) _____ No (outside Virginia)

If yes or pending, specify state, or other location: _____

I hereby affirm that the information provided on this form is true and complete. I understand that the information is subject to verification.

Signature

Date

I hereby affirm that the above information is true and complete to the best of my knowledge. I understand that it may be subject to verification. Should I be employed by U-LAUNCH: Childhood Development Homes., any misrepresentation or false statement made on this application may be considered cause for possible dismissal. U-LAUNCH: Childhood Development Homes. has my permission to obtain all necessary information from the references I have listed concerning my prior employment. I release all parties from any possible damages resulting from disclosing such information with or without prior written notice from me.

If hired, I understand this application is not considered a contract. In the Commonwealth of Virginia, I am considered an at-will employee and may be terminated by U-LAUNCH: Childhood Development Homes., at any time.

Applicant's Signature _____

Date: _____

(This application is valid for 60 days)

FOR OFFICE USE ONLY

Accepted for employment: _____ Yes _____ No Position _____

Starting rate: \$ _____ per hour Starting date: _____

Interviewed by: _____ Date: _____

Approved for hire by: _____ Date: _____