



**THE CHILDREN'S CENTER
OF THE ANTELOPE VALLEY**

Employment Application

Last Name	First Name	M.I.	Social Security Number	Date of Application
Address	City/Town	State	Zip Code	Phone Number
Date Available To Work:	Employment Type: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		Position(s) Applied For:	
Referral Source (circle one): Newspaper Internet Friend Walk-in Other: _____				
Are you authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No			Applicants who are hired will be required to complete an I-9 Form and provide proof of work status.	
Were you previously employed by this organization? <input type="checkbox"/> Yes <input type="checkbox"/> No			Department _____ Position _____	
Supervisor _____			Date left position _____	
Have you applied here previously? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, give date: _____	
List any relatives/friends working for this organization: _____				
<i>Applicants who are hired for employment are required to pass a Live Scan Fingerprint and DOJ Background Check before working at The Children's Center of the Antelope Valley.</i>				

WORK EXPERIENCE-Start with your present or last job		Please also indicate any verified work performed on a volunteer basis	
From (Mo./Yr.)	To (Mo./Yr.)	Employer Name and Address	Telephone #
Last Position Held:		Describe Work Performed:	
Supervisor's Name:			
Reason for Leaving:			
May We Contact the Above Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		#Supervised: _____	
Are You Currently Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
From (Mo./Yr.)	To (Mo./Yr.)	Employer Name and Address	Telephone #
Last Position Held:		Describe Work Performed:	
Supervisor's Name:			
Reason for Leaving:			
May We Contact the Above Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		#Supervised: _____	
Are You Currently Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No			

From (Mo./Yr.)	To (Mo./Yr.)	Employer Name and Address	Telephone #
Last Position Held:		Describe Work Performed	
Supervisor's Name:			
Reason for Leaving:			
#Supervised: _____			
May We Contact the Above Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are You Currently Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	

EDUCATION					
	Name of School	Did you Graduate?	Grad Year	Diploma/Degree	Course Study
High School					
College					
College					
Post Graduate					
Additional Certifications					

SPECIAL SKILLS and QUALIFICATION-Summarize briefly any special skills, abilities and/or qualifications you have acquired, and are relevant to the position for which you have applied

PROFESSIONAL REFERENCES (not relatives)			
Name	Address	Telephone	Relationship

It is my understanding that this employment application, or granting of an oral interview, does not represent a contract of employment or a promise of future benefits by this company/organization. I understand and agree that if hired, my employment will be at-will in nature and may terminated, with or without cause, at any time, by either my employer or myself. I also understand that this written statement supersedes any and all oral representations made by agents or representatives of this company/organization.

AGREEMENT: I certify that the information on this application is true, complete, and correct. I hereby authorize the investigation of my past employment, education, and activities, and I release from all liability all persons, companies, and corporations supplying such information. I understand that false answers, statements or significant omissions made by me on this form shall be sufficient cause for denial of employment or discharge.

Applicant's Signature:

Date:

We are an Equal opportunity Employer: We comply with all applicable Federal, State, and local laws concerning discrimination in employment. Applicants for employment are considered without regard to race, color, creed, religion, sex, sexual orientation, marital status, national origin, age, and disability, status as a veteran, Vietnam Era Veteran, or being a member of the Reserves or National Guard. Also, it is unlawful in the state of California to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

MVR RELEASE CONSENT FORM

By signing below, I, _____ (print or type name)
voluntarily give consent to _____ (Company) to obtain
a copy of my Motor Vehicle Record (MVR) through Vinsa Inc./Insurance
Associates (VINSA).

This consent is given in satisfaction of Public Law 18 USC 2721 et. Seq., "Federal
Drivers Privacy Protection Act", and is intended to constitute "written consent" as
required by this Act.

If this request is in relation to employment I understand that VINSA will use these
records to evaluate my suitability to fulfill driving duties that may be related to
my position or a position I am applying for.

Signed: _____

Name as appears on Driver License (print or type) _____

Date: _____

Date of Birth _____ Driver License Number _____ State _____