

## Pre-Employment Application Form

The following information is requested to help us make the best possible placement of employees within CDLF. Complete all portions of this application. We appreciate the time you spend completing this application. **CDLF, in accordance with state and federal laws, does not discriminate on the basis of age, race, religion, color, sex, national origin, ancestry, mental or physical disability, veteran status, citizenship, or any other characteristic protected by law.** Please do not list any information that would identify any of such protected characteristics. CDLF is an equal opportunity employer.

Please fill out ALL information completely on ALL pages. Do not use “**SEE RESUME**”  
**If you are applying for two different positions, a separate application is required for each position.**

### PERSONAL INFORMATION

Title of Position: \_\_\_\_\_ Location: \_\_\_\_\_ Date: \_\_\_\_\_

Type of emp. acceptable:  Full-time  Part-time  Temporary SSN: ----

When are you available to begin work: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (     ) \_\_\_\_\_ Cell Phone: (     ) \_\_\_\_\_

Do you have any convictions as an adult, (misdemeanor or felony)?  Yes  No

If Yes, Explain: \_\_\_\_\_

If hired, can you show proof of legal authorization to work in the United States?  Yes  No

Have you ever worked for us before?  Yes  No If Yes, when? \_\_\_\_\_

Are you at least 18 years of age?  Yes  No

If under 18 years of age, can you produce a work permit upon hire?  Yes  No

### EDUCATION

	School/Location	/	Major
High School <input type="checkbox"/> GED <input type="checkbox"/>		/	
College <input type="checkbox"/> AA <input type="checkbox"/> BA/BS <input type="checkbox"/> MA/MS		/	
Other			

### PROFESSIONAL OR TRADE LICENSES, CERTIFICATES, OR REGISTRATIONS

### LIST LANGUAGES YOU SPEAK, READ, AND WRITE (FLUENT)

### SPECIFIC COMPUTER KNOWLEDGE AND SOFTWARE. OTHER SPECIAL TRAINING OR SKILLS

# CENTRO DE LA FAMILIA DE UTAH

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THREE PROFESSIONAL REFERENCES (All must be employment related. CDLF uses a written form to obtain information from your professional references. Please make certain the address is correct and your professional references understand we will contact them by phone. Your employment with CDLF is contingent on our ability to obtain favorable information from your professional references.)

Last Name, First Name	Employer	Street Address, City, State, Zip Code Phone number with Area Code
<b>1.</b>		
<b>2.</b>		
<b>3.</b>		

### EMPLOYMENT HISTORY:

*(Please give accurate, complete employment record. Start with your present or most recent employer.)*

Company Name:	Phone ( )
Address:	Employed - (MM/YYYY) From:                      To:
Name of Supervisor:	Starting Salary:
Job Title:	Ending Salary:
Describe your work:	Reason for leaving:

Company Name:	Phone ( )
Address:	Employed - (MM/YYYY) From:                      To:
Name of Supervisor:	Starting Salary:
Job Title:	Ending Salary:
Describe your work:	Reason for leaving:

Company Name:	Phone ( )
Address:	Employed - (MM/YYYY) From:                      To:
Name of Supervisor:	Starting Salary:
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**DO NOT CONTACT**

We may contact the employers listed above unless you indicate those you do not want us to contact.

Employer: \_\_\_\_\_

Reason: \_\_\_\_\_

## AUTHORIZATION FOR RELEASE OF INFORMATION

In connection with my application for employment with Centro de la Familia de Utah I, hereby authorize Centro de la Familia de Utah to solicit and/or give all information with regard to this application. This authorization for release includes, but is not limited to, matters of opinion relating to my character, ability, reputation and past conduct.

I authorize and request all persons, schools, companies, corporations, credit bureaus and law enforcement agencies to release such information to an investigation firm without restriction or qualification. I voluntarily waive all recourse and release them from liability for complying with this authorization.

I understand information received from non-public sources such as private parties and current or former employers will be kept confidential and I will not be given access to this information either by Centro de la Familia de Utah or the investigation firm.

Signature

Today's Date

## SPECIAL REQUIREMENTS

All applicants are advised any person employed by CDLF:

- 1) Must pass and maintain a positive criminal background investigation (BCI) and Child Abuse and Neglect (CAN) register checks. It is the responsibility of the perspective employee to pay all related fees.
- 2) Must be able to provide proof of legal authorization to work in the United States.
- 3) Must be able to meet the scheduled work hours of the position.
- 4) Must be able to use own transportation and have required insurance coverage. (If required by position.)
- 5) Must abide by CDLF's Standards of Conduct
- 6) Must meet and maintain current CDLF's trainings and certifications requirements

Signature

Today's Date

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## PLEASE READ ALL OF THE FOLLOWING BEFORE SIGNING

I certify the information shown on this application is correct and complete to the best of my knowledge, and I have not knowingly withheld any fact or circumstance. I understand falsifying or omitting information on this form may cause me to be disqualified from further consideration or dismissed from employment if hired.

All employment offers are made contingent upon satisfactory proof of legal authorization to work in the United States according to the law. I understand failure to provide satisfactory proof of identity and authorization to work in the United States will disqualify me from employment.

I understand if hired, my status will be that of an "employee at will," with no contractual right, express or implied, to remain employed. In consideration of my employment, I specifically agree my employment may be terminated, with or without cause of notice at any time, at the option of either the employer or myself. I understand no one may enter any agreement for employment on my behalf or make any agreement contrary to the foregoing.

Signature

Today's Date

## For Head Start Programs Applicants Only

Federal Regulations allow us to grant employment preference to candidates whose children were enrolled in any Head Start program or whose children are enrolled in any Head Start program. Have you had your children enrolled in any Head Start program or currently have your children enrolled in any Head Start program?

Yes       No

If **yes**, which program was it and what was your child's name? \_\_\_\_\_

Can you provide us with enrollment records? \_\_\_\_\_