



Prior to employment, this agency requires you to:

- 1) complete in full, this application for employment
- 2) have a personal interview with a designated manager
- 3) be at least 18 years of age and have a high school diploma or GED
- 4) Submit to a criminal background check, and
- 5) be certified in CPR/First Aid, or willing to obtain certification.

APPLICATION FOR EMPLOYMENT

Please select one: After-School Care Counselor A-Teens Counselor OTHER _____

PERSONAL INFORMATION

DATE _____ TX DL # _____

NAME _____ SOCIAL SECURITY # _____
Last First M.I.

ADDRESS _____
Street City State ZIP

HOW LONG HAVE YOU LIVED AT THIS ADDRESS? _____

PHONE NUMBER _____ ARE YOU 18 YEARS OR OLDER? YES NO

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? YES NO

EMPLOYMENT DESIRED

POSITION _____ DATE YOU CAN START _____ SALARY DESIRED _____
(After-School Counselor, A-Teens Counselor, Secretarial, Janitorial, etc)

ARE YOU EMPLOYED NOW? _____ IF SO MAY WE CONTACT YOUR PRESENT EMPLOYER? _____

DO YOU HAVE TRANSPORTATION TO WORK? _____

HOW DID YOU HEAR ABOUT THIS JOB? _____

EDUCATION

	NAME & LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK _____

SPECIAL SKILLS _____

FORMER EMPLOYERS (LIST BELOW LAST FIVE EMPLOYERS, STARTING WITH THE MOST RECENT FIRST).

DATE MONTH & YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING	NAME OF SUPERVISOR
FROM					
TO					
FROM					
TO					
FROM					
TO					

HAVE YOU EVER BEEN FIRED? _____ NO _____ YES (IF YES, EXPLAIN) _____

WHICH OF THESE JOBS DID YOU LIKE BEST? _____

WHAT DID YOU LIKE MOST ABOUT THIS JOB? _____

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR. DO NOT LIST RELATIVES, FRIENDS, OR SUPERVISORS NOTED PREVIOUSLY.

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED/ HOW ACQUAINTED

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR? YES NO

ARE THERE ANY PENDING CHARGES AGAINST YOU? YES NO

If you answered yes to the above questions, please explain: _____

MOST POSITIONS ARE PART-TIME (15 HOURS A WEEK) UNLESS OTHERWISE DENOTED IN JOB

ADVERTISEMENT. IS PART TIME THE TYPE OF WORK YOU ARE APPLYING? YES NO

OR ARE YOU LOOKING FOR FULL-TIME? YES NO

WOULD YOU AGREE TO A CRIMINAL HISTORY BACKGROUND CHECK AND A DRUG TEST? YES NO

ARE YOU CURRENTLY CERTIFIED IN CHILD/ADULT CPR? YES NO

ARE YOU CURRENTLY CERTIFIED IN FIRST AID? YES NO

WHAT DAYS ARE YOU AVAILABLE TO WORK?

DAY OF THE WEEK	AFTER-SCHOOL CARE 2:45 – 6:00 PM	A-TEENS FOR MIDDLE SCHOOL GIRLS 2:45 PM – 6:00 PM	OTHER
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
SATURDAY (FOR TRAININGS – PLEASE DENOTE TIMES)			

ADDITIONAL INFORMATION

IF YOU ARE A STUDENT, PLEASE LIST YOUR CLASS SCHEDULE:

SEMESTER _____

MONDAY	
TUESDAY	
WEDNESDAY	
THURSDAY	
FRIDAY	
SATURDAY	

HAVE YOU WORKED WITH CHILDREN OR YOUTH BEFORE? YES NO

GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.
DO NOT LIST RELATIVES, FRIENDS, OR SUPERVISORS NOTED PREVIOUSLY.

DATE MONTH & YEAR	AGENCY/GROUP AFFILIATION	ACTIVITIES YOU PERFORMED	SUPERVISOR
FROM			
TO			
FROM			
TO			
FROM			
TO			

WHY DO YOU WANT TO WORK WITH CHILDREN OR YOUTH?

IF APPLYING FOR JOB OTHER THAN AFTER-SCHOOL CARE OR A-TEENS, PLEASE LIST WHY YOU WANT TO WORK FOR ALLIANCE FOR WOMEN & CHILDREN

I HEREBY CERTIFY THAT THE INFORMATION GIVEN IN THIS APPLICATION FOR EMPLOYMENT IS FACTUAL TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE THE ALLIANCE FOR WOMEN & CHILDREN TO VERIFY ANY OR ALL FACTS GIVEN IN THIS APPLICATION. I UNDERSTAND THAT, IF EMPLOYED, FALSE STATEMENTS ON THIS APPLICATION SHALL BE CONSIDERED SUFFICIENT CAUSE FOR DISMISSAL.

SIGNATURE _____

DATE _____