

# CENTER FOR FAMILIES AND CHILDREN



**Human Resources Department**  
**4500 Euclid Avenue**  
**Cleveland, Ohio 44103**  
**Phone: (216) 432-7200**  
**Fax: (216) 432-7257**

*An Equal Opportunity Employer*

DATE: \_\_\_\_\_

## APPLICATION FOR EMPLOYMENT

### I. PERSONAL INFORMATION

Name: (Last)	(First)	(Middle)	Home Phone No.
Present Address: (Street)	(City)	(State)	(Zip)
Email Address:			Cell /Alternate No.
Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you legally eligible for employment in the U.S.? Proof will be required upon employment. <input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>If the position for which you are applying requires you to drive:</i>			
Do you have a current drivers license? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have use of a car for work? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is car insurance currently in force? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been convicted of a crime other than a misdemeanor: <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please note date and explanation: ___/___/___: _____			

### II. JOB INFORMATION

Position(s) Applied For:	Expected Salary \$
Employment Being Sought: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary	Are you presently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date Available for Work:	
Are you willing to work flexible hours (evenings, Saturdays, Sundays) as may be required by the job? <input type="checkbox"/> Yes <input type="checkbox"/> No	Work Location Preferred: <input type="checkbox"/> Midtown <input type="checkbox"/> East <input type="checkbox"/> West
How were you referred to CFC? <input type="checkbox"/> CFC Employee Referral: (Name of Employee): _____ <input type="checkbox"/> Job Posting at CFC: Website: _____ <input type="checkbox"/> Newspaper Ad (Name of source): _____ <input type="checkbox"/> College/University: _____ <input type="checkbox"/> State Employment Service <input type="checkbox"/> Other: _____	
Have you previously applied for employment at CFC? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when? _____
Have you previously worked at CFC? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when? _____
CFC has a policy which limits the hiring of relatives in the same unit.	
Please list names of relatives currently working at CFC: _____	

**III. EDUCATION AND TRAINING**

School	Name of School & City/State	Major Subject	# of Years Completed	Type of Degree/Diploma Received	Month/Year Received
High School/GED					
College					
College					
Other					

Check any of the following skills you possess:

<input type="checkbox"/> Typing _____ wpm	<input type="checkbox"/> Data Entry: Programs(s) _____
<input type="checkbox"/> Telephone Console _____	<input type="checkbox"/> Computer Operation: Model(s) _____
<input type="checkbox"/> Ten Key Adding Machine	<input type="checkbox"/> Other: Please Specify _____
<input type="checkbox"/> Software Programs Type(s): _____	_____

**IV. LICENSES/CERTIFICATIONS**

**Please indicate type and expiration date.**

<input type="checkbox"/> LSW _____	<input type="checkbox"/> LPC _____	<input type="checkbox"/> CCDC _____	<input type="checkbox"/> CDA _____
<input type="checkbox"/> LISW _____	<input type="checkbox"/> LPCC _____	<input type="checkbox"/> OCPS _____	<input type="checkbox"/> OCPC _____
<input type="checkbox"/> ART _____	<input type="checkbox"/> RMT _____	<input type="checkbox"/> RDT _____	<input type="checkbox"/> Other(s) _____

**V. OTHER QUALIFICATIONS**

List other skills, qualifications or training that are pertinent to the job for which you are applying:

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**VI. WORK HISTORY**

**Starting with the most recent employer, list all paid employment, relevant military experience and volunteer work. Include periods of self-employment and unemployment. All entries must contain a complete address, telephone number and employment dates.**

1. Last/Present Employer				Employment Dates From: ____/____ To: ____/____	
Address (Street)	(City)	(State)	(Zip)	Phone No.	Employment Status <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> TEMP.
Position Title				Supervisor	
					Last Salary \$
Job Duties					

May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for Leaving:
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2. Previous Employer				Employment Dates From: ____/____ To: ____/____	
Address (Street)	(City)	(State)	(Zip)	Phone No.	Employment Status <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> TEMP.
Position Title				Supervisor Name	
					Last Salary \$
Job Duties					

May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for Leaving:
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3. Previous Employer				Employment Dates From: ____/____ To: ____/____	
Address (Street)	(City)	(State)	(Zip)	Phone No.	Employment Status <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> TEMP.
Position Title				Supervisor Name	
					Last Salary \$
Job Duties					

May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for Leaving:
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4. Previous Employer				Employment Dates From: ____/____ To: ____/____	
Address (Street)	(City)	(State)	(Zip)	Phone No.	Employment Status <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> TEMP.
Position Title				Supervisor Name	
					Last Salary \$
Job Duties					

May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for Leaving:
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