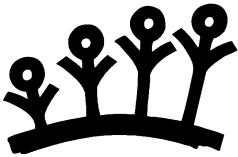


CENTER FOR FAMILIES AND CHILDREN



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: <input type="checkbox"/> Website: _____ <input type="checkbox"/> Newspaper Ad (Name of source): _____ <input type="checkbox"/> College/University: _____ <input type="checkbox"/> State Employment Service	
Have you previously applied for employment at CFC? Have you previously worked at CFC?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, when? _____ 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:

Typing _____ wpm Data Entry: Programs(s) _____
 Telephone Console _____ Computer Operation: Model(s) _____
 Ten Key Adding Machine Other: Please Specify _____
 Software Programs Type(s): _____

IV. LICENSES/CERTIFICATIONS

Please indicate type and expiration date.

LSW _____ LPC _____ CCDC _____ CDA _____
 LISW _____ LPCC _____ OCPS _____ OCPC _____
 ART _____ RMT _____ RDT _____ Other(s) _____

V. OTHER QUALIFICATIONS

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



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:		
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:		
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:		
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:		

Information for Better Decisions

Pre-Employment Disclosure

Authorization and Release

I understand that Center for Families and Children (CFC), Intellicorp Ltd. or other authorized third parties may be conducting a background check in connection with my application for employment. The background check may include an inquiry into my employment history, education, licenses, workers compensation, general character or reputation, work experience, driving history, criminal history, credit history, Social Security number verification and other such information that may be required.

I understand that CFC may rely on all or any part of this information in determining whether to extend an offer of employment to me. I further understand that if any adverse action is taken by CFC based upon any of this information, that I will be provided a copy of such information along with a summary of my rights under the Fair Credit Reporting Act.

I understand that this background check may be performed by CFC or its representatives as a part of the pre-employment process, in order to evaluate the suitability of an applicant for employment and is not conducted for any other purpose other than in connection with an application for employment. I understand that the information supplied by me shall be used solely for the purposes of obtaining information, validating or verifying information received, as a part of this background check.

I, the undersigned applicant for employment, have read this Pre-employment Disclosure and by signing below, hereby authorize CFC, its representatives, agents and authorized third parties, including Intellicorp Ltd., to conduct a background check, as described herein, in conjunction with my application for employment and hereby release said parties from any and all liabilities related to the use, procurement or disclosure of any information provided by me or obtained about me in connection with my application for employment and a background check that may be performed. I further direct and authorize such third parties who may be the custodians of or who may be in possession of requested records or information to disclose such information or records to CFC, IntelliCorp Ltd. or their representatives and agents, in connection with this authorization and release. I voluntarily provide my date of birth in order to obtain, and verify records obtained, in the background check.

Signature _____

Date: _____

Print name: _____

Street Address _____

City, State, Zip _____

For Identification Purposes:

Social Security # _____ - _____ - _____ Date of Birth: _____

Drivers License # _____ Issuing State: _____ Expiration Date: _____

Other/ former Names _____

Professional License/s State _____ Type _____ Number _____

(If applicable)

State _____ Type _____ Number _____

Education _____ Graduation _____

Verification Degree _____ University _____ Date: Month/Year_____

Dates Attended: _____

(If applicable)

Graduation _____

Degree _____ University _____ Date: Month/Year_____

Dates Attended: _____

APPLICANT INFORMATION FORM

The Center for Families and Children is dedicated to complying with its legal and ethical obligations as an equal opportunity employer. The Center has an ongoing commitment, through an affirmative action program, to provide employment opportunity for minority groups, women, individuals with disabilities, and veterans.

In connection with the Center's reporting obligations under its affirmative action program, the Center requests that each applicant provide the following information. Disclosure of this information is voluntary and failure to disclose will not affect hiring.

NAME _____

RACE (check appropriate box)

- Caucasian
- Black
- Hispanic
- American Indian
- Asian American
- Other (please specify) _____

GENDER (check appropriate box):

- Male
- Female

ARE YOU:

- Yes No handicapped? If so, please describe _____
- Yes No a disabled veteran?
- Yes No a Vietnam-era veteran?

Position applied for _____

Identify the source of referral (for example -- walk-in, newspaper ad, personnel agency, etc.)

Date

Applicant Signature

THE LAST TWO PAGES ARE FOR JOB APPLICANT'S RECORDS ONLY

Para informacion en espanol, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.

- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

- a person has taken adverse action against you because of information in your credit report;
- you are the victim of identify theft and place a fraud alert in your file;
- your file contains inaccurate information as a result of fraud;
- you are on public assistance;
- you are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor,

insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.

- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-800-XXX-XXXX.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:

Consumer reporting agencies, creditors and others not listed below

National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)

Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)

Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)

Federal credit unions (words "Federal Credit Union" appear in institution's name)

State-chartered banks that are not members of the Federal Reserve System

Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission
Activities subject to the Packers and Stockyards Act, 1921

CONTACT:

Federal Trade Commission: Consumer Response Center - FCRA
Washington, DC 20580 1-877-382-4357
Office of the Comptroller of the Currency Compliance
Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743

Federal Reserve Board Division of Consumer & Community Affairs
Washington, DC 20551 202-452-3693

Office of Thrift Supervision Consumer Complaints Washington,
DC 20552 800-842-6929

National Credit Union Administration 1775 Duke Street Alexandria,
VA 22314 703-519-4600

Federal Deposit Insurance Corporation Consumer Response
Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri
64108-2638 1-877-275-3342

Department of Transportation , Office of Financial Management
Washington, DC 20590 202-366-1306

Department of Agriculture Office of Deputy Administrator - GIPSA
Washington, DC 20250 202-720-7051