**EMPLOYMENT APPLICATION**

Kids First Family Services

4600 Kietzke Lane, Suite J-212, Reno, Nevada 89502

(775) 348-9047(Phone) (775) 348-9524 (Fax)

Date of application: Click here to enter a date.

**Personal Information:**

Last Name: Click here to enter text. First Name: Click here to enter text. Middle Initial: Click here to enter text.

Address: Click here to enter text.

Telephone Number: Click here to enter text. Alternate Number: Click here to enter text.

**Position applying for:** Choose an item.

What salary or rate of pay do you expect to receive if employed? $Click here to enter text. per hour

When would you be available to start work? Click here to enter a date.

Days and Hours Available:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| AM | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| PM | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

|  |
| --- |
| **Eligibility to Work:**Are you legally eligible to work in the United States? Yes [ ]  No [ ]  *(Proof of eligibility will be required upon offer of employment)*Are you over the age of 18? Yes [ ]  No [ ]  Can you with or without reasonable accommodation perform the essential functions of this job? Yes [ ]  No [ ]   |
| **Legal History:**Have you ever been convicted of a felony? Yes [ ]  No [ ]  *(A conviction will not necessarily disqualify you.)* If yes, please explain: Click here to enter text.Have you ever been convicted of a misdemeanor? Yes [ ]  No [ ]  *(A conviction will not necessarily disqualify you.)* If yes, please explain: Click here to enter text. |
| **Driving Information:** Do you have a valid driver’s license? Yes [ ]  No [ ]  State Issued: Click here to enter text. License Number: Click here to enter text.Have you been convicted of any moving violations in the past five years? Yes [ ]  No [ ]  If yes, please explain: Click here to enter text.Do you have current auto insurance? Yes [ ]  No [ ]  Agency: Click here to enter text. Policy: Click here to enter text. |
| **Employment History:**Have you ever been fired or asked to resign from a job? Yes [ ]  No [ ]  If yes, please explain: Click here to enter text. |

**Education/Training:**

Have you obtained a High School Diploma or GED Certificate? Yes [ ]  No [ ]

|  |  |  |  |
| --- | --- | --- | --- |
|  | Name & Location | Degree | Subject of Specialization |
| College/University | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Specialized Courses/Training | Click here to enter text. | Click here to enter text. | Click here to enter text. |

**Professional Information:**

*To be completed by Licensed Positions*

|  |  |  |  |
| --- | --- | --- | --- |
| License Type (LCSW, MFT, etc) | License Number | State Issuing | Expiration Date |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

**Special Training, Apprenticeships Licenses or Skills:**

Describe any specialized training, apprenticeships, licenses or skills. Click here to enter text.

Do you speak any languages other than English? Yes [ ]  No [ ]

If yes, which? Click here to enter text.

**Employment History:**

*Begin with current or most recent employer, including U.S. Military Service. Do not exclude any employment. Include any applicable temporary employment. Attach another sheet if necessary.*

***THIS SECTION MUST BE COMPLETED EVEN IF YOU HAVE SUBMITTED A RESUME.***

If any employment was under a different name, indicate name: Click here to enter text.

May we contact your present employer? Yes [ ]  No [ ]

|  |  |  |  |
| --- | --- | --- | --- |
| Company Name:Click here to enter text. | Employment Dates:From \_\_\_\_\_\_ to \_\_\_\_\_\_ | Compensation:Start $\_\_\_\_\_ End $\_\_\_\_\_ | Name/ Title of SupervisorClick here to enter text. |
| Address:Click here to enter text. | Reason for leaving:Click here to enter text. |
| Phone: Click here to enter text.Fax: Click here to enter text. | Your title and duties:Click here to enter text. |

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| --- | --- | --- | --- |
| Company Name:Click here to enter text. | Employment Dates:From \_\_\_\_\_\_ to \_\_\_\_\_\_ | Compensation:Start $\_\_\_\_\_ End $\_\_\_\_\_ | Name/ Title of SupervisorClick here to enter text. |
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| Phone: Click here to enter text.Fax: Click here to enter text.  | Your title and duties:Click here to enter text. |

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| Address:Click here to enter text. | Reason for leaving:Click here to enter text. |
| Phone: Click here to enter text.Fax: Click here to enter text.  | Your title and duties:Click here to enter text. |

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| Address:Click here to enter text. | Reason for leaving:Click here to enter text. |
| Phone: Click here to enter text.Fax: Click here to enter text.  | Your title and duties:Click here to enter text. |

Explain any gaps in work history: Click here to enter text.

**References:**

Please list three persons who are not related to you or previous supervisors, who can provide professional references.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Address** | **Phone Number** | **Relationship/Occupation** | **Years Known** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
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APPLICANT ACKNOWLEDGEMENT AND AUTHORIZATION

**\*PLEASE READ CAREFULLY BEFORE SIGNING\***

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by Kids First Family Services that such employment with Kids First Family Services is at will, for no specified duration and may be terminated by either Kids First Family Services or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements of Kids First Family Services or its representatives used during the employment process is deemed a contract of employment real or implied. I understand that no representative of Kids First Family Services except the President has the authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed by the President of Kids First Family Services.

In consideration for employment with Kids First Family Services, if employed, I agree to conform to the rules, regulations, policies and procedures of Kids First Family Services at all times and understand that such obedience is a condition of employment. I understand that due to the nature of Kids First Family Services business, attendance and punctuality are considered essential requirements of every job at Kids First Family Services and that poor attendance or tardiness will result in disciplinary action.

I understand that if offered a position with Kids First Family Services, I may be required to submit to a pre-employment medical examination, drug screening and background check as a condition of employment.

I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to Kids First Family Services and/or any of its representatives, agents, or vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

I understand that this application is considered current for three months. If I wish to be considered for employment after this period I must fill out and submit a new application.

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.

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Signature Date

KIDS FIRST FAMILY SERVICES IS PROUD TO BE AN EQUAL OPPORTUNITY EMPLOYER. ALL QUALIFIED APPLICANTS WILL RECEIVE CONSIDERATION WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, DISABILITY, VETERAN STATUS OR ANY OTHER STATUS PROTECTED BY LAW.