



**JOB RELATED SKILLS**

Note: Do not fill out any part of this section you believe is non-job related. If you choose to disregard any question in this section, please briefly note your reasons.

- Y     N     Have you been given a job description or had the job requirements explained to you?
- Y     N     If you answered yes to the previous question, do you understand the requirements?
- Y     N     Are you able to perform the requirements of this job with or without reasonable accommodations?
- Y     N     If the job requires, do you have an appropriate valid driver's license?  
 Name of License \_\_\_\_\_ License # \_\_\_\_\_  
 State of Issue \_\_\_\_\_ License Type \_\_\_\_\_
- Y     N     Do you have your own transportation?     If yes: License Plate # \_\_\_\_\_  
 Auto Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_
- Y     N     If you answered no to the previous question, do you have access to transportation?  
 If yes, describe: \_\_\_\_\_
- Y     N     Have you ever had any moving violations? Please describe and give dates: \_\_\_\_\_  
 \_\_\_\_\_

**PROFESSIONAL REFERENCES**

Name	
Address and Telephone	
Years Known/Relationship	

Name	
Address and Telephone	
Years Known/Relationship	

Name	
Address and Telephone	
Years Known/Relationship	

**PERSONAL REFERENCE**

Name	
Address and Telephone	
Years Known/Relationship	

**SECURITY**

List all states and countries you have lived in since the age of 18 (most recent first):

State	Country	State	Country
_____	_____	_____	_____
_____	_____	_____	_____

- Y     N     Have you ever used any social security numbers other than given on the previous page?  
 If so, please list: \_\_\_\_\_

### EMPLOYMENT HISTORY

Identify all employers for whom you have worked in the last ten years. Include part-time and temporary employers. List your most recent employer first. "See Resume" is not an acceptable response. Attach additional pages if needed.

- Please describe your activities during any gaps in employment in the last ten years. Do not include leave or time off due to illness or medical treatment.

<b>Employer Name</b>	
<b>Supervisor Name</b>	
<b>Address</b>	
<b>Telephone #</b>	
<b>Position Title and Duties Performed</b>	
<b>Dates of Employment</b>	
<b>Reason for Leaving</b>	

<b>Employer Name</b>	
<b>Supervisor Name</b>	
<b>Address</b>	
<b>Telephone #</b>	
<b>Position Title and Duties Performed</b>	
<b>Dates of Employment</b>	
<b>Reason for Leaving</b>	

<b>Employer Name</b>	
<b>Supervisor Name</b>	
<b>Address</b>	
<b>Telephone #</b>	
<b>Position Title and Duties Performed</b>	
<b>Dates of Employment</b>	
<b>Reason for Leaving</b>	

### EDUCATION

Please circle highest grade completed:      7   8   9   10   11   12   13   14   15   16   16+

	School Name(s)	City/State	Graduate?	Degree earned
<b>High school</b>				
<b>College</b>				
<b>Other</b>				

**LICENSES, CERTIFICATION, AND SPECIAL SKILLS**

Please identify all professional and other licenses or certifications you currently hold or have held previously:

Type	License #	Expiration Date	Issuing Agency, School, etc.

Please list any other skills or qualifications that may be job related or that you feel would be of value to this organization.

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Please list languages in which you are fluent: \_\_\_\_\_

Please list any hobbies, activities, or experiences that might provide skills or knowledge helpful to the position you seek.

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**APPLICANT'S STATEMENT**

I hereby authorize all employers, organizations, and other entities and persons identified in this form to release any information contained in their files or records concerning me. YES                      NO

In consideration of the receipt and evaluation of this application by Children’s Village, Inc. I hereby release Children’s Village Inc. and any individual, employer, reference, or any other person or organization, including record custodians, both collectively and individually, from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs, or family on account of compliance or any attempts to comply with this authorization. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this application. *I HAVE CAREFULLY READ THE FORGOING RELEASE AND KNOW THE CONTENTS THEREOF, AND I SIGN THIS RELEASE AS MY OWN FREE ACT.* YES                      NO

I understand and agree it is critical to Children’s Village, Inc. that all employees conform to the highest standards of safety, interpersonal conduct, and sexual morality when clients or minors are involved. I affirm that I will strictly comply with Children's Village, Inc. policies and procedures, including those concerning child safety and protection, sexual abuse and misconduct, and interpersonal relationships. I understand and agree that failure by me to abide by such policies and procedures may result in my immediate dismissal, or disciplinary action, all in the sole discretion of the Children's Village, Inc. YES                      NO

If hired, I understand my employment is employment at will and can be terminated at the discretion of Children’s Village, Inc. or at my option, without notice, at any time, except as specifically set forth in writing in a current individual employment agreement, if any, which I have entered into with Children’s Village, Inc. Absent such a written employment agreement, I understand I will be an at will employee, if hired. YES                      NO

I understand that no representative of Children's Village, Inc. has any authority to enter into my employment agreement for any specified period of time, or to assure me of any future position, benefits, or terms and conditions of employment, unless it is specifically stated in a current written agreement signed by the Executive Director. YES NO

I understand this application is not an offer of employment and no promises or representations of employment have been made to me at this time. YES NO

My responses above are truthful and accurate. I understand and agree that if they are not truthful and accurate, Children's Village, Inc. may determine that I am no longer qualified to be associated with its programs as an employee or volunteer in any capacity. YES NO

I consent and agree that Children's Village, Inc. may obtain a criminal background check upon me through a qualified department or division of law enforcement of the State of Idaho or any of its political subdivisions. YES NO

**Applicant's Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Print Applicant Name** \_\_\_\_\_

**Witness Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Print Witness Name** \_\_\_\_\_