



Helping children with disabilities since 1948

APPLICATION FOR EMPLOYMENT

(Fill out completely. Do not write see resume)

Please provide the following with your application:

- **Resume**
- **Copy of College Transcript or High School Degree/GED– as applicable**
- **Copy of professional license – if applicable**
- **Copy of current CPR and First Aid certification - if applicable**

APPLICATION FOR EMPLOYMENT

(Fill out completely. Do not write "see resume")

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, natural origin, disability or veteran status.

To The Applicant: Thank you for considering the Paso Del Norte Children's Development Center as a possible source of employment. For us to give you consideration, **this application must be filled out completely.** Blank spaces mean that we cannot fairly compare your application to others we may receive, and therefore we will not be able to consider your application if there are blank spaces.

P E R S O N A L	Last Name First Middle			Date
	Street Address			Home Telephone ()
	City, State, Zip			Business Telephone ()
	Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes: Month and Year			Social Security #
	Position Desired: _____			Pay Expected
	If position requires State Licensure Certification, give #:			
	Are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No			Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If not, what hours can you work?			
	Do you have your own transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No Drivers Lic#: _____			
	Are you eligible for employment in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	When will you be available to begin work?			
	Special training or skills (language, machine operations, etc.): Bilingual <input type="checkbox"/> Typing Speed: _____ WPM Computer proficiencies: _____			
E D U C A T I O N	School/Location	Course of Study	# Years Completed	Degree, diploma or GED

EMPLOYMENT HISTORY Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer. Use additional sheets if necessary.

1	Company Name:	Telephone: ()
	Address	Employed - (State month/year) From: To:
	Name of Supervisor	Salary Start: Last:
	State Job Title and Describe Your Work:	Reason for Leaving
2	Company Name	Telephone: ()
	Address	Employed - (State month/year) From: To:
	Name of Supervisor	Salary Start: Last:
	State Job Title and Describe Your Work:	Reason for Leaving
3	Company Name	Telephone: ()
	Address	Employed - (State month/year) From: To:
	Name of Supervisor	Salary Start: Last:
	State Job Title and Describe Your Work:	Reason for Leaving
4	Company Name	Telephone: ()
	Address	Employed - (State month/year) From: To:
	Name of Supervisor	Salary Start: Last:
	State Job Title and Describe Your Work:	Reason for Leaving

Membership in Professional or Civic Organizations
(Exclude those which may disclose your race, color, religion, or national origin)

Have you been convicted of a crime in the **past ten years**, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court? Yes No If "yes", describe in full.

Do you have any relatives or friends working for us? Yes No - If Yes give name and relationship.

MILITARY: Did you serve in the U.S. Armed Forces? Yes No - If "Yes," in what Branch?

Describe any training received relevant to the position for which you are applying.

EMPLOYMENT REFERENCES

NAME/TITLE/POSITION

ADDRESS

PHONE #

1.

2.

3.

4.

The information provided in this Application for Employment is true, correct, and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

Signature

Date



Criminal Record History Check

Date _____

Full Name _____ Sex _____ Race _____

Date of Birth _____

Social Security Number _____ - _____ - _____

Authorization and Release

In consideration of my desire for employment, I hereby authorize the Paso Del Norte Children's Development Center to obtain a criminal record history check using the above information.

I hereby hold the Paso Del Norte Children's Development Center harmless in the obtaining of criminal record history information pertaining to me. Furthermore, I hereby hold the Paso Del Norte Children's Development Center harmless for the subsequent use of the criminal record history information obtained in making decisions relating to my request for employment with the Paso Del Norte Children's Development Center.

Signature _____

Date _____