



Commonwealth Center for Family Services, Inc.

Application for Employment

Please Print Legibly. Fill out Application Completely and Answer Each Question.

Commonwealth Center for Family Services, Inc. is Equal Opportunity, Affirmative Action employers. No question on this application or any of the attachments to this application is asked for the purpose of limiting or excluding any applicant's consideration for employment because of race, color, religion, sex, sexual orientation, age, national origin, disability, veteran status or any other category protected by law. You will be required to undergo pre-employment screening and drug testing, designed to ascertain your suitability for employment for the job for which you are being considered. Employment is contingent upon test results.

<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Security Number	Date of Birth	Date of Application
<input type="text"/>	<input type="text"/>	<input type="text"/>
Driver's License Number	State	Type
<input type="text"/>	<input type="text"/>	<input type="text"/>
		Expiration Date

<input type="text"/>		
Name (print): First	Middle	Last

<input type="text"/>			
Address	City	State	Zip

<input type="text"/>	<input type="text"/>
Home Phone	Work Phone

<input type="text"/>	<input type="text"/>
Cell Phone	Email Address

Section I – Personal

Position of Interest: _____

Salary Range Desired: _____ Date Available for Employment: _____

Are you related to anyone employed at Commonwealth Center for Family Services, Inc Yes No

Can you furnish documentation to verify your right to work in the United States? Yes No

Please list the documentation: _____

1. Have you ever illegally sold any narcotics, amphetamines, barbiturates or other dangerous drugs?
 Yes No If "Yes", give details: _____
2. Are you currently illegally using narcotics, amphetamines, barbiturates or other dangerous drugs?
 Yes No If "Yes", give details: _____
3. Have you ever been convicted of any crime? This includes traffic violations, probation before judgment convictions and nolo contendere please (do not include those that have been sealed, expunged, or statutorily eradicated). Yes No If "Yes", give details: _____

Criminal Offense(s): _____

Location(s): _____



Commonwealth Center for Family Services, Inc.

Date(s) and sentence(s): _____

Section 2 – Work History Please start with your present or last position. Include complete past work history. Attach additional sheets, if necessary. Please complete even if this information is on your resume.

1. Company or Organization Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Full-time

Part-time

Salary at Start: _____

Salary at Leaving: _____

Employed From: _____

Title(s): _____

Duties performed:

Name/Title of Supervisor: _____

Reason for leaving or considering change:

May we contact this employer upon a conditional offer of employment?

Yes

No

If "No", please explain:

2. Company or Organization Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Full-time

Part-time

Salary at Start: _____

Salary at Leaving: _____

Employed From: _____

Title(s): _____

Duties performed:

Name/Title of Supervisor: _____



Commonwealth Center for Family Services, Inc.

Reason for leaving or considering change:

May we contact this employer upon a conditional offer of employment? Yes No

If "No", please explain:

3. Company or Organization Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Full-time Part-time

Salary at Start: _____ Salary at Leaving: _____

Employed From: _____

Title(s): _____

Duties performed:

Name/Title of Supervisor: _____

Reason for leaving or considering change:

May we contact this employer upon a conditional offer of employment? Yes No

If "No", please explain:

4. Company or Organization Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Full-time Part-time

Salary at Start: _____ Salary at Leaving: _____

Employed From:

Title(s):

Duties Performed



Commonwealth Center for Family Services, Inc.

Name/Title of Supervisor: _____

Reason for leaving or considering change: _____

May we contact this employer upon a conditional offer of employment? Yes No

If "No", please explain:

Have you ever been terminate from any position other than a lay off or reduction-in-force or resigned by mutual agreement?

Yes Company's Name: _____

No Please Explain: _____

Section 3 – Education

(Please provide proof of highest educational level completed)

High School Attended/Date Graduate: _____ Please note if you received your GED.

College, University, Technical/Vocational Attended:

Date graduated or when you will graduate:

Course of Study: _____ Minor?

Please list any other names under which educational records may be listed:

Section 4 – Licensure (to be completed by registered, licensed, or certified applicants i.e. CPR, First Aid, Med Training)

Type	State	Current Number	Expiration Date

Name (Last, First):

Describe any experience you have leading others. _____

Please list the names of the two persons from whom professional and character references are being mailed.

<u>Name</u>	<u>Relationship</u>	<u>Phone</u>



Commonwealth Center for Family Services, Inc.

As a potential staff employee, I will adhere to all Commonwealth Center for Family Services, Inc policies which may be limiting and not necessarily reflect my way of living. If hired, I will accept all responsibilities as described in the job description. I also realized that a full background check will be done before or soon after I start my new assignment at Commonwealth Center for Family Services, Inc. I understand that any misrepresentation or omission of the facts called for will constitute sufficient reason to terminate the application process or, if already employed, to terminate my employment. All background checks and screenings will be done at the expense of Commonwealth Center for Family Services, Inc.

RESUMES must be attached.

EMPLOYEE BACKGROUND CHECKS MAY INCLUDE THE FOLLOWING

- Employment history and/or military record verifications
- Education and credential checks
- Motor vehicle records checks
- Social Security number trace
- Criminal records searches (incl. Finger Printing)

(Signature) _____

Date: _____



Commonwealth Center for Family Services, Inc.
Voluntary Information for Government Reporting Purposes
EEO/Self-Identification Information
(Completion of this form is voluntary)

_____ Name (print): First	_____ Middle	_____ Last	
_____ Address	_____ City	_____ State	_____ Zip
_____ Social Security Number	_____ Date of Application		
_____ Signature	_____ Position Applying For		

Commonwealth Center for Family Services, Inc is an equal opportunity/affirmative action employer in all of its employment and personal actions. We encourage people of all ethnic backgrounds to pursue opportunities with our Company.

Ethnic Identification

This information is required in order to comply with Title VII of the Executive Order 11246, Office of the Federal Contract Compliance Programs' Rules and Regulations 41 CFR 60-1 (as amended for Affirmative Action Reporting Programs), and Executive Office of the President, Office of Management and Budget's OMB Directive Number 12. Please fill out the following.

SEX Female Male

What is your race/ethnicity? From the proposed eight categories, please select only one response:

- | | |
|--|---|
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Hispanic or Latino |
| <input type="checkbox"/> Asian | <input type="checkbox"/> American Indian or Alaska Native |
| <input type="checkbox"/> Native Hawaiian or other Pacific Islander | <input type="checkbox"/> White |
| <input type="checkbox"/> Two or More Races | <input type="checkbox"/> I choose not to identify |

If you have selected the "Two or More Races" category, please select the one category with which you primarily identify, from the following six categories:

- | | |
|--|---|
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Hispanic or Latino |
| <input type="checkbox"/> Asian | <input type="checkbox"/> American Indian or Alaska Native |
| <input type="checkbox"/> Native Hawaiian or other Pacific Islander | <input type="checkbox"/> White |

FOR HUMAN RESOURCES USE ONLY

Job Category: _____ Date Hired: _____