



Child & Family Support Services, Inc.
4700 S McClintock Suite 120
Tempe AZ 85282
(480) 635-9944 Phone
(480) 897-9170 Fax

Child & Family Support Services, Inc. Employment Application

Personal Information

Full Name: _____ Email Address: _____
Date of application: _____ Have you ever applied to CFSS before? Yes No
Phone number: _____ Cell number: _____
Address: _____ City: _____ State: _____ Zip: _____

Employment Desired

1. Position(s) applying for: 1. _____ 2. _____
2. Date you can begin: _____ Salary Desired: _____
3. Are you currently employed? Yes No Type of employment sought: F/T P/T
4. Hours/Days available for work _____
5. There are certain driving record limitations for our liability insurance. Please list any tickets, accidents, or convictions that would be listed on your driving record for the past three years. _____

Do you have a valid AZ Driver License Yes No

6. Can you, at the time of employment, submit verification of your legal right to work in the United States? Yes No
7. Are you at least age eighteen? Yes No Are you at least age twenty-one? Yes No
8. Have you ever been convicted of a crime (misdemeanor or felony), including sex related or child abuse related offenses? Yes No
9. Have you ever been convicted of a felony? Yes No Explain if yes _____

Education

High School: _____ Location: _____ Graduate? Yes No
1st College: _____ Location: _____ Graduate? Yes No
Degree: _____ Major: _____
Date of graduation: _____
2nd College: _____ Location: _____ Graduate? Yes No
Degree: _____ Major: _____
Date of graduation: _____

I authorize the release of my education records to CFSS to confirm my qualifications. Yes No

Please Answer:

1. Why are you interested in becoming an employee with Child & Family Support Services, Inc.?

2. Do you have current: CPR First Aid TCI Fingerprint Clearance Card Reliable Transportation Auto Insurance Cell Phone

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3. Please list any other special skills/certifications you possess etc.): _____

4. Before working with families, we require that you attend an initial one week training that is held M-F 8 a.m. to 5 p.m. Would you be available to attend this training during a selected week? Yes No

5. CFSS provides support to youth and families wherever they need it most. Is there anywhere in your county or surrounding areas that you are **NOT** willing to travel? _____

6. What are your career goals? _____

7. How did you hear about the position? _____

Employment History — list most recent first. List all prior employers. Attach additional sheet if necessary. Must list at least your prior 5 years of employment.

Current Employer: _____ Last Position _____

Supervisor: _____ Phone No. _____

Address: _____ Zip _____

Responsibilities: _____

Dates of Employment: From: _____ To: _____

Reason for Leaving: _____

Previous Employer: _____ Last Position _____

Supervisor: _____ Phone No. _____

Address: _____ Zip _____

Responsibilities: _____

Dates of Employment: From: _____ To: _____

Reason for Leaving: _____

Previous Employer: _____ Last Position _____

Supervisor: _____ Phone No. _____

Address: _____ Zip _____

Responsibilities: _____

Dates of Employment: From: _____ To: _____

Reason for Leaving: _____

I authorize CFSS to contact past and present employers to verify employment history and qualifications.

Yes No After Offer is Made

References — list 3 individuals [not related to you] who are familiar with your work and/or skills.

| Name | Name of Company (if applicable) | Address | Telephone No. | Years Acquainted |
|------|---------------------------------|---------|---------------|------------------|
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I certify that the above information is true and accurate and my signature is confirmation of any above consent to release information:

Signed: _____

Date: _____