

Employment Application Application for employment with Four Rivers Outreach Community Development Corporation

Applicant Information						
Name (First, Middle, Last) (Required):						
Phone (Required): ( )						
Email:						
Address (Required):						
Street:						
Address Line 2:						
City, State, Zip:						
Age Range (Required - Select at least one option):						
22 - 30						
□ 30 or older						
□ 17-21						
In which program are you seeking employment? (Required):						

#### Statement of Availability\_

I realize that the operation of the Afterschool program to which I seek employment generally operates on an annual time frame inclusive of August through May, work hours will range from 2:00 pm - 6:00 pm, and by submitting this application I am agreeing to be available throughout the program's operation.

Signature (Required): \_\_\_\_\_

Experience: Work/Volunteer Experience with youth or youth programs



Employment Application (cont)

What skills would you bring to the program? (Required):

Do you have any experience working with children or in a program for children? (Required Select at least one option):

□ YES

□ NO

Please list your experience working with youth or youth-related programs:

Are you qualified as a Certified Teacher?

Please attach resume to this application

### References\_

Please provide references other than relatives

Name/Relationship (Required):					
Years Known:					
Phone (Required): ()					
Email:					



Name/Relationship (Required):						
Years Known:						
Phone (Required): <u>(    )    </u>						
Email						

# Applicant History

Have you ever been arrested? (Required - Select at least one option):

 $\Box$  YES  $\Box$  NO

Have you been convicted or pleaded guilty or no contest to any crime? (Required - Select at least one option):

□ YES □ NO

Are you aware of having any traits that pose a threat to a child? (Required - Select at least one option):

□ YES □ NO

Are you aware of any reason that you should not work with children (Required - Select at least one option):

 $\Box$  YES  $\Box$  NO

If the answer to any of these questions is 'YES', please explain in detail:

## Work Verification and Release

Agreement of Applicant to allow our organization to contact former employers, references and/or conduct a criminal background check

I recognize that Four Rivers Outreach CDC is relying on the accuracy of the information I provide on this application; accordingly I attest and affirm that the information that I have provided is true and correct.



## Employment Application (cont)

I authorize the organization to contact any person or entity listed on this application and I further authorize any such person or entity to provide the organization with information relating to my background and qualifications.

I further authorize the organization to conduct a criminal background investigation, if such a check is deemed necessary.

I agree to protect the health and safety of the children or youth assigned to my care or supervision at all times.

Signature of Applicant: \_\_\_\_\_ (Required):



# **Background Check Form**

All information will be kept strictly confidential.

Name				
	First	Middle	e Las	st
Address				
	Street	City	State	Zip
Maiden N	ame or Other Nam	es Used		
Date of Bi	irth			
Social Se	curity #			
	ever been arrested	d or convicted for ar	ny criminal offens	e excluding
•	ever been accused	d, arrested or convid	cted of abuse or s	sexually related
	nything in your life-	style or background	I that would call in	nto question your
If you and	swered yes to any	of these questions,	please explain:	
		s" to any of these qu ne spaces provided		
or police rec pursuant to obtained fro the best of r	cords. I release Four F this authorization, from om any and all of the at	tivers CDC and any per any and all liabilities, c pove sources. The infor stand that any omission	rson or entity which p claims or law suits in rmation contained in	my background and criminal provides information regards to the information this application is correct to this application may be

Signature \_\_\_\_\_

\_ Date \_\_\_\_\_

Please write any questions or comments you have on the back of this sheet.