

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: _____

Employment Application (cont)

Name/Relationship (Required): _____

Years Known: _____

Phone (Required): (____) -- _____

Email: _____

Applicant History

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

YES 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):

YES 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):

