

CHILD GUIDANCE CENTER (CGC)
EMPLOYMENT APPLICATION

I. APPLICANT CONTACT & BASIC INFORMATION

TODAY'S DATE _____

LEGAL NAME _____
Last Name *First Name* *Middle Name or Middle Initial*

OTHER NAMES KNOWN BY (if applicable) _____

ADDRESS _____
Street *City* *State* *Zip Code*

MOBILE PHONE _____ HOME PHONE _____

EMAIL ADDRESS _____

HAVE YOU EVER SERVED AS A MEMBER OF US ARMED FORCES? Yes ____ No ____

DO YOU HAVE A VALID DRIVERS LICENSE: Yes ____ No ____

*Proof of identity and proof of eligibility to
work in the US will be required prior to
employment at Child Guidance Center*

ARE YOU ELIGIBLE TO WORK IN THE US? Yes ____ No ____

ARE YOU CURRENTLY EMPLOYED? Yes ____ No ____ If currently employed my we contact your supervisor? Yes ____ No ____

*Child Guidance Center will not contact your
current employer, without your verbal or
written permission.*

CURRENT POSITION & COMPANY/AGENCY: _____

NAME OF SUPERVISOR: _____ SUPERVISOR'S PHONE: _____

POSITION APPLYING FOR: _____

HOW DID YOU LEARN/HEAR ABOUT THIS POSITION? _____

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IF REFERRED BY CGC EMPLOYEE - PLEASE TELL US THEIR NAME: _____

DO YOU KNOW, OR ARE YOU RELATED TO, ANYONE THAT WORKS, VOLUNTEERS, OR INTERNS, AT CGC? Yes* _____ No _____

**If you answered "Yes" to the above questions please identify the following:*

<i>Name of person(s) you know</i>	<i>Relationship to you (friend, relative, etc.)</i>
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<i>Their position(s) or title(s) - if known</i>	<i>Name of their supervisor(s) - if known</i>
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HAVE YOU EVER WORKED, INTERNED, OR VOLUNTEERED, AT CGC? Yes _____ No _____ **If you answered "Yes" to the above questions please answer the following:*

<i>Date range of time engaged with CGC</i>	<i>Clinic site(s) or location(s)</i>
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<i>Title, position, or role</i>	<i>Name of Supervisor</i>
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WHAT LANGUAGE(S) DO YOU READ, WRITE, AND SPEAK FLUENTLY? _____

WHAT LANGUAGE(S) ARE YOU SEMI-FLUENT IN? _____

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II. EMPLOYMENT AVAILABILITY

I AM ABLE TO ACCEPT: _____ FULL-TIME WORK _____ PART-TIME WORK _____ TERM or TEMPORARY WORK _____ OTHER

DAYS & HOURS I AM AVAILABLE TO WORK: _____

If applying for "term" or temporary work, please tell us the date-range you are available to work: _____ through _____

PREFERRED 'START' DATE: _____ DESIRED SALARY RANGE: _____

ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING, WITH OR WITHOUT REASONABLE ACCOMMODATIONS?

YES _____ NO* _____ *If you answered "No" please describe the functions that cannot be performed:*

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III. EDUCATION

HIGHEST EDUCATION LEVEL ACHIEVED : *GED* ___ *H.S. Diploma* ___ *Associates'* ___ *Bachelors'* ___ *Masters'* ___ *Doctorate+* ___

I. HIGH SCHOOL ATTENDED _____
Name *City, State*

II. COLLEGE/UNIVERSITY/TRADE SCHOOL: _____
Name *City, State*

Major course of study: _____ *Degree or Cert. Earned* _____

Relevant internships/research/course of study: _____

III. GRADUATE SCHOOL: _____
Name *City, State*

Major course of study: _____ *Degree or Cert. Earned* _____

Relevant internships/research/course of study: _____

IV. DOCTORATE SCHOOL: _____
Name *City, State*

Major course of study: _____ *Degree or Cert. Earned* _____

Relevant internships/research/course of study: _____

OTHER RELEVANT EDUCATION, CERTIFICATIONS, LICENSES: _____

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IV. EMPLOYMENT HISTORY

Please list all present and past employment, and relevant volunteer activities, for the last 10 years- starting with the most recent. Account for periods of unemployment exceeding one month and for any time-period not included in your resume. Please attach separate pages as needed, following this format.

NAME OF EMPLOYER: _____ Start – End Date _____

Address number & street *City* *State* *Zip*

Your title(s) *Type of business/organization*

Supervisor's name: _____ *May we contact your supervisor? Yes* _____ *no* _____

Supervisor's Phone Number *Supervisor's Email Address*

NAME OF EMPLOYER: _____ Start – End Date _____

Address number & street *City* *State* *Zip*

Your title(s) *Type of business/organization*

Supervisor's name: _____ *May we contact your supervisor? Yes* _____ *No* _____

Supervisor's Phone Number *Supervisor's Email Address*

NAME OF EMPLOYER: _____ Start – End Date _____

Address number & street *City* *State* *Zip*

Your title(s) *Type of business/organization*

Supervisor's name: _____ *May we contact your supervisor? Yes* _____ *no* _____

Supervisor's Phone Number *Supervisor's Email Address*

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NAME OF EMPLOYER: _____ Start – End Date _____

Address number & street *City* *State* *Zip*

Your title(s) *Type of business/organization*

Supervisor's name: _____ May we contact your supervisor? Yes _____ no _____

Supervisor's Phone Number *Supervisor's Email Address*

NAME OF EMPLOYER: _____ Start – End Date _____

Address number & street *City* *State* *Zip*

Your title(s) *Type of business/organization*

Supervisor's name: _____ May we contact your supervisor? Yes _____ no _____

Supervisor's Phone Number *Supervisor's Email Address*

HAVE YOU EVER BEEN TERMINATED FROM A JOB OR ASKED TO RESIGN FROM EMPLOYMENT: Yes _____ No _____

If you answered "yes", please explain reason for termination/request for resignation (you may also attach explanation): _____

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V. VOLUNTEER EXPERIENCE

(Please attach additional pages related to volunteerism, following this format, if needed.)

VOLUNTEER AGENCY: _____
Name *City, State*

Length of service (number of months): _____

Responsibilities: _____

Volunteer Supervisor: _____
Name *Email*

May we contact this person? yes ____ *no* ____

VOLUNTEER AGENCY: _____
Name *City, State*

Length of service (number of months): _____

Responsibilities: _____

Volunteer Supervisor: _____
Name *Email*

May we contact this person? Yes ____ *No* ____

VOLUNTEER AGENCY: _____
Name *City, State*

Length of service (number of months): _____

Responsibilities: _____

Volunteer Supervisor: _____
Name *Email*

May we contact this person? Yes ____ *No* ____

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VI. PROFESSIONAL REFERENCES

Please provide three professional references who can be reached and are able to discuss your skills and talents alignment to the employment position of interest.

PROFESSIONAL REFERENCE _____
First & Last Name

Occupation/Title *Business/Company/Organization*

Phone Number *Email Address*

PROFESSIONAL REFERENCE _____
First & Last Name

Occupation/Title *Business/Company/Organization*

Phone Number *Email Address*

PROFESSIONAL REFERENCE _____
First & Last Name

Occupation/Title *Business/Company/Organization*

Phone Number *Email Address*

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CERTIFICATION OF INFORMATION PROVIDED – APPLICANT

“I hereby certify that the information contained in this application form is true, complete, and correct to the best of my knowledge and I agree to have any of the statements checked by Child Guidance Center unless I have indicated to the contrary. I understand that any misrepresentation, falsification, or material omission of information on this application may result in revocation of an offer of employment, or if hired, may result in my dismissal from employment. In consideration of my employment, I agree to conform to the rules and standards as amended by Child Guidance Center from time to time at its discretion.

I understand that acceptance of an offer or employment does not create a contractual obligation upon the employer to continue to employ me in the future. I understand that employment with Child Guidance Center is “at-will”, meaning that the terms and conditions of employment may be changed with or without notice, with or without cause, including but not limited to, termination, demotion, compensation, benefits, duties, and location of work. I understand that no representative of Child Guidance Center has the authority to make assurances to the contrary. I also understand that all offers of employment are conditioned on the provision of satisfactory proof of identity and legal authority to work in the United States.”

Today’s Date

Applicant’s Name (Print)

Applicant’s Signature

EQUAL OPPORTUNITY EMPLOYER STATEMENT

Child Guidance Center is an equal opportunity employer that is committed to diversity and inclusion in the workplace. We prohibit discrimination and harassment of any kind based on race, color, sex, religion, sexual orientation, national origin, disability, genetic information, pregnancy, or any other protected characteristic as outlined by federal, state, or local laws. This policy applies to all employment practiced within our organization including hiring, recruiting, promotion, termination, layoff, recall, leave of absence, compensation, benefits, and training. Child Guidance Center makes hiring decisions based solely on qualifications, merit, and business needs.

Please forward your completed application to
Neil Rojas, Human Resource Manager, at nrojas@cgcinc.org

<p style="text-align: center;">FOR INTERNAL USE ONLY</p> <p>Received by: _____</p> <p>Reviewed by Human Resources: _____</p> <p style="text-align: right;">Date</p>
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