

KIDS HAVEN, by Sandy
EMPLOYMENT APPLICATION

KIDS HAVEN, by Sandy is an equal opportunity employer and does not discriminate against applicants or employees on the basis of sex, race, color, religion, national origin, ancestry or age (40 years or older). In addition, KIDS HAVEN, by Sandy does not discriminate against qualified individuals with disabilities.

PLEASE PRINT

Personal

Name _____ Social Sec # _____

Address _____ Phone _____

Position applying for _____ Available start date _____

Have you ever been convicted of a violation of the law other than a minor traffic violation? _____
If yes, when? _____

Have you applied to work with us before? _____ If yes, when? _____

If hired, proof of your identity and employment eligibility in the United States must be established by appropriate documentation at the time you begin work at KIDS HAVEN, by Sandy (Driver's License, Soc. Sec. Card, etc.).

Are you willing to work an irregular schedule, overtime or on different shifts when necessary? _____
If no, please explain _____

Do you have access to adequate transportation to travel to and from work? _____
If no, explain _____

Do you have children? _____ Ages? _____

How did you hear about the position? _____

Education

	Name & Address	# of years	Date graduated	Major
High School	_____	_____	_____	_____

College _____

Other (Specify) _____

Employment History (Most Recent First)

Currently Employed? _____ Employers Name: _____

Employers Address _____ Phone _____

How long employed _____ Position Held _____ Salary _____

Previous Employers Name: _____

Employers Address _____ Phone _____

How long employed _____ Position Held _____ Salary _____

Reason for leaving? _____

Previous Employers Name: _____

Employers Address _____ Phone _____

How long employed _____ Position Held _____ Salary _____

Reason for leaving? _____

Other Experiences or Training

CPR Certification? _____ Year taken _____ Still Current? _____

Basic First Aid? _____ Year taken _____ Still Current? _____

Other Training or Certifications?

In case of Emergency Notify:

Name _____ Phone _____

Relationship _____

REFERENCES (Work related references excluding family members)

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

CERTIFICATION & AUTHORIZATION (PLEASE READ CAREFULLY)

I certify that all facts contained in this application are true and complete and acknowledge that KIDS HAVEN, by Sandy is relying on the accuracy of the information provided. I authorize KIDS HAVEN, by

Sandy to verify the accuracy of the information provided herein, and I authorize former employees, educational institutions and credit agencies to release information concerning me to KIDS HAVEN, by Sandy. I also authorize KIDS HAVEN, by Sandy to give references and provide information about me in response to inquiries subsequent to my employment if hired. I understand that falsifications, misrepresentation or omission of requested facts may result in denial of employment or, if employed, may result in immediate dismissal. I understand and agree that, if hired, my employment will be for no definite period and may regardless of the date of payment of wages, am terminated at any time without previous notice and with or without reason, at the will of either myself or KIDS HAVEN, by Sandy. I also understand and agree that no one has authority to promise me job security or continued employment, except the President of the Company in a formal written agreement signed by both of us.

Signature of Applicant

Date

USDA Nondiscrimination Statement

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992.

Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.