



## Employment Application

Employment is contingent upon the applicant's providing the necessary proof of citizenship or legal authorization to work in the United States. Proof of Status will be required upon employment.

The Children's Coalition for Northeast Louisiana is an equal-opportunity employer. We do not discriminate in hiring because of age, race, creed, color, national origin, sex, or handicap.

**Name:** First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_ Date: \_\_\_\_\_

For checking prior records, provide other Names under which you have worked: \_\_\_\_\_

**PRESENT ADDRESS:**

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Personal E-Mail: \_\_\_\_\_ Work E-Mail \_\_\_\_\_

**AVAILABILITY:**

\_\_\_\_\_ Part time \_\_\_\_\_ Full time When will you be available to start work? \_\_\_\_\_

Specify p/t hou \_\_\_\_\_ Will you work if needed?: \_\_\_\_\_ AM \_\_\_\_\_ PM \_\_\_\_\_ Sat./Sun. \_\_\_\_\_ Holidays

Position desired: \_\_\_\_\_ Salary desired: \_\_\_\_\_

How were you referred to us? \_\_\_\_\_ Internet Please specify Web site: \_\_\_\_\_

\_\_\_\_\_ Newspaper \_\_\_\_\_ Employee Referral \_\_\_\_\_ Other \_\_\_\_\_

If under 18 years of age, can you provide proof of your eligibility to work? \_\_\_\_\_

Do you have relatives currently employed by The Children's Coalition for Northeast Louisiana? \_\_\_\_\_

If yes, please specify \_\_\_\_\_

Are you a current or former EHS parent? Yes or No

List names of educational institutions you attended relevant to the position you are seeking:

Educational Institution/Location	Course of Study	Certificate/Degree	Did you graduate/complete?

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List professional organizations, memberships, volunteer activities which may be job relevant.

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List relevant skills and/or business machines you can operate which may be job relevant.

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Computer programs you are proficient in using.  
List below.

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Administrative skills you are proficient in using (whether applying for program or support position)

List skills below.

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Beginning with your present or most recent position, list the last three jobs you have held, including a summary of major duties, software activities, etc. Indicate military experience.

Employer: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Titles: Start: \_\_\_\_\_ Last: \_\_\_\_\_

Salary at Start: \_\_\_\_\_ Salary at Finish: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

Brief description of Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employer: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Titles: Start: \_\_\_\_\_ Last: \_\_\_\_\_

Salary at Start: \_\_\_\_\_ Salary at Finish: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

Brief description of Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employer: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Titles: Start: \_\_\_\_\_ Last: \_\_\_\_\_

Salary at Start: \_\_\_\_\_ Salary at Finish: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

Brief description of Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list 3 references:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

Is this a personal or professional reference?

\_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

Is this a personal or professional reference?

\_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

Is this a personal or professional reference?

\_\_\_\_\_

**Have you ever been:**

- Convicted of any criminal offense by a civilian court or by military authorities?    \_\_\_\_yes    \_\_\_\_no
- Adjudicated or held responsible as a juvenile offender of any criminal offense by a civilian court or by authorities?    \_\_\_\_yes    \_\_\_\_no

**Are you now:**

- Under charges for any offenses or are any civil suits or judgments pending against you?    \_\_\_\_yes    \_\_\_\_no
- On probation or parole?    \_\_\_\_yes    \_\_\_\_no

**If you answered yes to any of the questions above, please provide the following information:**

Date: \_\_\_\_\_ Place: \_\_\_\_\_

Charge: \_\_\_\_\_ Action Taken: \_\_\_\_\_

Court, Probation or Parole Office: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

*You may attach any additional information or explanation on a separate sheet.*

I hereby affirm that the information provided on this application, and on any resume I have furnished, is true and complete to the best of my knowledge. Any false information or significant omissions may disqualify me from further consideration for employment and, should I be employed by the Children's Coalition for Northeast Louisiana, may justify termination of my employment if discovered at a later date.

I hereby authorize the Children's Coalition for Northeast Louisiana to contact the persons, schools, employers and other organizations named in this application or an accompanying resume approved below to confirm the information which I have provided to obtain any information needed to make an employment decision about me.

The Children's Coalition for NELA is authorized to contact:

\_\_\_\_\_ All employers named on this application and any accompanying resume.

\_\_\_\_\_ All employers named on this application and any accompanying resume, except my current employer.

If authorization to contact current employer is withheld by applicant and a contingent offer of employment is made to applicant by the Children's Coalition for NELA to secure approval for current references, the Children's Coalition for NELA may rescind offer of employment upon receipt of unsatisfactory references.

I also hereby authorize the persons and entities named to provide the Children's Coalition for NELA with the information that may be requested. In addition, I hereby waive and release any claims I may have against the Children's Coalition for NELA in accordance with conducting these references checks.

I hereby acknowledge I have read and understand the above statement.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_