



First Name, MI, Last Name

Children's Home Society of NC
P.O. Box 14608
Greensboro, NC 27415
Telephone 336-274-1538 / Fax 336-274-7347
www.chsnc.org

Thank you for your interest in Children's Home Society of NC. Children's Home Society of NC wants to find the best qualified people available to serve its children and families. Although everyone who applies cannot be hired, your application will be given every consideration.

Instructions to Applicants

To be considered for employment, you must answer all questions and complete all sections of this application form.

When completing this application, please make sure you

- Give complete information on your education and work history.
- List separately each job held and your duties for each position when you worked for one employer and held more than one position.
- Check for accuracy, sign and date your application.

Equal Opportunity Information- Children's Home Society of NC policy prohibits discrimination based on race, sex, color, creed, national origin, age or disability.

Children's Home Society of NC employs only US citizens or aliens who can provide proof of identity and work authorization within 3 working days of date of hire.



APPLICATION FOR EMPLOYMENT			Date of Application
Last Name	First Name	Middle Name	Phone (Home/Cell)
Address (Street number and name)			Business Phone
City, State, Zip Code		County	Email Address
How long at current address?	If less than 7 years at present address, please provide previous address. (Attach additional page if necessary)		
Are you related to any person now working for Children's Home Society of NC <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give name and relationship to you.	Have you ever applied for employment CHS before? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, position applied for:		
CHECK the types of work you will accept: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary full-time <input type="checkbox"/> Temporary part-time If you are not available for work now, enter the earliest date you could begin work (mo/day/yr.) Are you willing to travel? <input type="checkbox"/> YES <input type="checkbox"/> NO Do you have a vehicle available for your use when conducting CHS business <input type="checkbox"/> YES <input type="checkbox"/> NO			
Job Applied For Enter below the Job Title and Job Code (if applicable) of the job for which you are applying. Job Title: _____ Job Code:: _____			
Referral Source Please indicate your referral source: _____ (If you were referred by an employee of CHS please indicate the name of referring employee)			

Education						
Under S/Q Hrs., list the hours of credit received and if they were semester (S) or quarter (Q) hours.						
Schools	Name and Location	Dates Attended (mo/yr) From: To:	Grad?	S/Q Hrs.	Major/Minor Course Work	Degree Received
High School			YES <input type="checkbox"/> NO <input type="checkbox"/>			
College(s) University(s)			YES <input type="checkbox"/> NO <input type="checkbox"/>			
Graduate or Professional			YES <input type="checkbox"/> NO <input type="checkbox"/>			
Other educational, vocational school, internships, etc.			YES <input type="checkbox"/> NO <input type="checkbox"/>			
If hired, an official sealed transcript will be required.						

Special training programs and seminars you have completed in the last five years (list):

If the job(s) applied for calls for specific courses, indicate those courses taken and credits received:

Membership in professional, honorary, or technical societies (list):

Licenses and certifications (List, giving dates and sources of issuance):
 Registration: _____ State: _____ No. _____
 Registration: _____ State: _____ No. _____

SKILLS
 CHECK the following skills, experiences, etc., which you have:

<input type="checkbox"/> CPR Certification Expiration Date _____	<input type="checkbox"/> Computer Skills _____ Level of Proficiency _____
<input type="checkbox"/> Sign Language	<input type="checkbox"/> Software Skills (specify) _____ Level of Proficiency _____
<input type="checkbox"/> Foreign language (specify) _____ Level of Proficiency _____	

Have you ever been convicted of an offense against the law other than a minor traffic violation? (A conviction does not mean you cannot be hired. The offense and how recently you were convicted will be evaluated in relation to the job for which you are applying.) YES NO **(If yes, explain fully on an additional sheet.)**

WORK HISTORY (include volunteer experience) Use additional sheets if necessary. As you describe your work history experiences, make sure you highlight your competencies which demonstrate your qualifications for the position for which you are applying. Note: 'See attached resume' acceptable only if resume includes all required information.

Current or Last Employer:		Address		
Job Title		Supervisor's Name	Telephone Number	No. Supervised by you
Date Employed (mo/yr)	Starting Salary \$ per	Ending or Current Salary \$ per	Reason for Leaving	May We Contact Employer YES <input type="checkbox"/> NO <input type="checkbox"/>
Date Separated (mo/yr)	List major duties that demonstrate your competencies related to the position for which you are applying in order of their importance in the job:			

Employer:		Address:		
Job Title:		Supervisor's Name	Telephone Number	No. Supervised by you:
Date Employed (mo/yr)	Starting Salary \$ per	Ending Salary \$ per	Reason for Leaving	May We Contact Employer YES <input type="checkbox"/> NO <input type="checkbox"/>
Date Separated (mo/yr)	List major duties that demonstrate your competencies related to the position for which you are applying in order of their importance in the job:			

Employer:		Address:		
Job Title:		Supervisor's Name	Telephone Number	No. Supervised by you:
Date Employed (mo/yr)	Starting Salary \$ per	Ending Salary \$ per	Reason for Leaving	May We Contact Employer YES <input type="checkbox"/> NO <input type="checkbox"/>
Date Separated (mo/yr)	List major duties that demonstrate your competencies related to the position for which you are applying in order of their importance in the job:			

Employer:		Address:		
Job Title:		Supervisor's Name	Telephone Number	No. Supervised by you:
Date Employed (mo/yr)	Starting Salary \$ per	Ending Salary \$ per	Reason for Leaving	May We Contact Employer YES <input type="checkbox"/> NO <input type="checkbox"/>
Date Separated (mo/yr)	List major duties that demonstrate your competencies related to the position for which you are applying in order of their importance in the job:			

Professional References			
List the names, addresses and telephone numbers of three persons to contact who are acquainted with you and your work.			
Name:	Address:	City, State, Zip Code:	Telephone number (indicate home, work, cell, etc.):
Name:	Address:	City, State, Zip Code:	Telephone number (indicate home, work, cell, etc.):
Name:	Address:	City, State, Zip Code:	Telephone number (indicate home, work, cell, etc.):

Check for accuracy, sign and date your application.	
Applicant Signature _____	Date _____
Signature Required	
All applications for employment will be kept on file for one year.	

