## Employment Application

*Please submit completed application and resume to* [*kmitchel@creatingpositiverelationships.org*](mailto:kmitchel@creatingpositiverelationships.org)*. The Subject Line should read “Attn: Program Director”. Thank you.*

CPR_FINAL_Logo_smaller

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| Applicant Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name: | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | Date: | | | |  | | |
| Last | | | | | | | | | | | | | | | First | | | | | | | | | | | | | | | M.I. | | | | | | | | | |
| Address: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| Street Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Apartment/Unit # | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | |
| City | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | State | | | | | | ZIP Code | | | |
| Phone: | (     ) | | | | | | | | | | | | | | | | | E-mail Address: | | | | | | |  | | | | | | | | | | | | | | |
| Date Available: | | | | |  | | | | | | |  | | | | | |  | | | | | | | | | | | Cell Phone: | | | | | | (     ) | | | | |
| Position Applied for: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are you a citizen of the United States? | | | | | | | | | | | | | | YES | | | NO | | If no, are you authorized to work in the U.S.? | | | | | | | | | | | | | | | | | | | YES | NO |
| Have you ever worked for this company? | | | | | | | | | | | | | | YES | | | NO | | If yes, when? | | | | | | |  | | | | | | | | | | | | | |
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| Education | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| High School: | | | |  | | | | | | | | | | | | Address: | | | | |  | | | | | | | | | | | | | | | | | | |
| From: |  | | | | | | To: | | |  | | | Did you graduate? | | | | | | | | YES | | NO | | | | | Degree: | | | |  | | | | | | | |
| College: | | |  | | | | | | | | | | | | | Address: | | | | |  | | | | | | | | | | | | | | | | | | |
| From: |  | | | | | | To: | | |  | | | Did you graduate? | | | | | | | | YES | | NO | | | | | Degree: | | | |  | | | | | | | |
| Other: |  | | | | | | | | | | | | | | | Address: | | | | |  | | | | | | | | | | | | | | | | | | |
| From: |  | | | | | | To: | | |  | | | Did you graduate? | | | | | | | | YES | | NO | | | | | Degree: | | | |  | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| References | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please list three professional references. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name: | | |  | | | | | | | | | | | | | | | | | Relationship: | | | | |  | | | | | | | | | | | | | | |
| Company: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | Phone: | | | (     ) | | | | | | | | |
| Address: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Full Name: | | |  | | | | | | | | | | | | | | | | | Relationship: | | | | |  | | | | | | | | | | | | | | |
| Company: | | |  | | | | | | | | | | | | | | | | | | | | | | | | Phone: | | | | | (     ) | | | | | | | |
| Address: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Full Name: | | |  | | | | | | | | | | | | | | | | | Relationship: | | | | |  | | | | | | | | | | | | | | |
| Company: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | Phone: | | | (     ) | | | | | | | | |
| Address: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Previous Employment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Company: | | |  | | | | | | | | | | | | | | | | | | | | | Phone: | | | | | | | | (     ) | | | | | | | |
| Address: | | |  | | | | | | | | | | | | | | | | | | | | | Supervisor: | | | | | | |  | | | | | | | | |
| Job Title: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Responsibilities: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| From: |  | | | | | | | | To: | |  | | | Reason for Leaving: | | | | | | | |  | | | | | | | | | | | | | | | | | |
| May we contact your previous supervisor for a reference? | | | | | | | | | | | | | | | | | | | YES | | | | NO | | | | | |  | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | | |
| Company: | | |  | | | | | | | | | | | | | | | | | | | | | Phone: | | | | | | | | (     ) | | | | | | | |
| Address: | | |  | | | | | | | | | | | | | | | | | | | | | Supervisor: | | | | | | |  | | | | | | | | |
| Job Title: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Responsibilities: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| From: |  | | | | | | | | To: | |  | | | Reason for Leaving: | | | | | | | |  | | | | | | | | | | | | | | | | | |
| May we contact your previous supervisor for a reference? | | | | | | | | | | | | | | | | | | | YES | | | | NO | | | | | |  | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | | |
| Company: | | |  | | | | | | | | | | | | | | | | | | | | | Phone: | | | | | | | | (     ) | | | | | | | |
| Address: | | |  | | | | | | | | | | | | | | | | | | | | | Supervisor: | | | | | | |  | | | | | | | | |
| Job Title: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Responsibilities: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| From: |  | | | | | | | | To: | |  | | | Reason for Leaving: | | | | | | | |  | | | | | | | | | | | | | | | | | |
| May we contact your previous supervisor for a reference? | | | | | | | | | | | | | | | | | | | YES | | | | NO | | | | | |  | | | | | | | | | | |
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| Personal Situations | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Have you ever been convicted of or pled guilty to a crime? | | | | | | | | | | | | | | YES | | | NO | |  | | | | | | | | | | | | | | | | | | | | |
| If yes, explain: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Have you ever committed, or have you ever been accused, charged or alleged to have committed, any act of neglecting, abusing or molesting any child? | | | | | | | | | | | | | | YES | | | NO | |  | | | | | | | | | | | | | | | | | | | | |
| If yes, explain: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is there any circumstance or pattern in your life that would make it inappropriate for you to serve with minors or would compromise the integrity of Creating Positive Relationships? | | | | | | | | | | | | | | YES | | | NO | |  | | | | | | | | | | | | | | | | | | | | |
| If yes, explain: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Why are you interested in being an Instructor for Creating Positive Relationships? | | | | | | | | | | | | | |  | | |  | |  | | | | | | | | | | | | | | | | | | | | |
| Explain: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What are your experiences working with junior high or high school students? | | | | | | | | | | | | | |  | | |  | |  | | | | | | | | | | | | | | | | | | | | |
| Explain: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| What are your experiences with public speaking? | | | | | | | | | | | | | |  | | |  | |  | | | | | | | | | | | | | | | | | | | | |
| Explain: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Disclaimer and Signature | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| I certify that my answers are true and complete to the best of my knowledge.  If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date: | | |  | | | | | |

## APPLICANT’S STATEMENT

I hereby authorize all employers, organizations, and other entities and persons identified in this form to release any information contained in their files or records concerning me.

In consideration of the receipt and evaluation of this application by Creating Positive Relationships (CPR), I hereby release CPR and any individual, church, youth organization, charity, employer, reference, or any other person or organization, including record custodians, both collectively and individually, from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs or family on account of compliance or any attempts to comply with this authorization. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this application. I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF, AND I SIGN THIS RELEASE AS MY OWN FREE ACT.

I understand and agree that it is critical to the mission of CPR that all employees and volunteers conform to the highest standards of safety, interpersonal conduct, and sexual morality. I affirm that I will strictly comply with CPR’s policies and procedures, including those concerning child safety and protection, sexual abuse and misconduct, and interpersonal relationships. I understand and agree that failure by me to abide by such policies and procedures may result in my immediate dismissal or disciplinary action, all at the discretion of the staff of CPR.

My responses above are truthful and accurate. I understand and agree that if they are not truthful and accurate, CPR may determine that I am no longer qualified to be associated with CPR as an employee or volunteer in any capacity.

Applicant’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***For Office Use Only***

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| --- | --- | --- | --- |
| Interview | \_\_\_\_\_\_\_\_\_\_\_\_ | Approved/Denied | \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Orientation | \_\_\_\_\_\_\_\_\_\_\_\_ | Reason if denied | \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| References | \_\_\_\_\_\_\_\_\_\_\_\_ | Entered | \_\_\_\_\_\_\_\_\_\_\_\_\_ |