



Application for Employment

We consider applicants for all positions without regard to race, color, religion, gender, creed, national origin, age, sexual orientation, marital or veteran status, the presence of a medical condition or disability, or any other legally protected status.

www.DiscoverCDS.org

To be considered, this employment application must be complete, accurate, and legible. All applicable areas/spaces MUST be filled out; and please do not write, “refer to résumé,” “please see résumé,” or reference to “attached documentation.”

PLEASE PRINT

Positions for which you are applying: 1. _____ 2. _____ 3. _____	Date of Application
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How Did You Learn About Us?

Advertisement
 Current Employee
 Walk In
 Employment Agency
 Hotjobs.com
 Monster.com
 Other _____

Last Name	First Name	Middle Initial	Maiden Name	
Street Address	City	County	State	Zip Code
Telephone Number(s) :	E-mail Address:	Social Security Number - -		

- If you are under 18, and it is required, can you furnish a work permit? Yes No N/A (18 or over)
- Have you ever been employed with CDS, Inc. before? If yes, give dates and positions. Yes No
If yes, give date(s) and county(s) _____
- Have you ever filed an application before with CDS, Inc.? Yes No
If yes, give date(s) and county(s) _____
- Are you legally eligible for employment in the United States? Yes No
(Proof of citizenship/immigration status and identity is required upon hire.)
- Date available for work: ____/____/____ Desired salary range: _____ Per _____
- Type of employment desired: Full Time Part Time Seasonal Temporary Educational Co-op
- Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? Yes No

Please refer to the list of position responsibilities on the job posting or description.

- Have you been convicted of or received a sentence for a crime other than a minor traffic violation?..... Yes No
Conviction will not necessarily disqualify an applicant from employment.

9. If yes, give date(s): _____ Location(s); _____ Type(s) of crime(s): _____

10. Have you ever been discharged or requested to resign?..... Yes No

If yes, please explain _____

Education

Name and Location	Number of Yrs. Completed	Course of Study Major/Degree
High School: Location:		Diploma/Equivalent: <input type="checkbox"/> Yes or <input type="checkbox"/> No
Vocational/Technical College Location:		Did you receive a degree? <input type="checkbox"/> Yes or <input type="checkbox"/> No Please Specify: _____
Undergraduate College Location:		Did you receive a degree? <input type="checkbox"/> Yes or <input type="checkbox"/> No Please Specify: _____
Graduate/Professional Location:		Did you receive a degree? <input type="checkbox"/> Yes or <input type="checkbox"/> No Please Specify: _____

Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience (include job-related military training). Summarize any training, skills, licenses, and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

Which foreign languages (if any) do you speak, read and/or write?

References: Provide information on two (2) personal references three years or more. **Please do not list family members.**

Name	Address	Telephone	Years Known
		()	
		()	

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude memberships, which would reveal gender, race, religion, creed, national origin, age, ancestry, disability, or other protected status:

Employer	Telephone # ()
Address	Dates Employed: ____/____/____ to ____/____/____
Summarize the nature of work performed and job responsibilities _____ _____ _____	Immediate Supvr. and Title
	Starting Job Title: Final Job Title:
Hourly rate/salary Start \$ _____ per _____ Final \$ _____ per _____	Reason for leaving: _____ <input type="checkbox"/> Resignation <input type="checkbox"/> Termination
Employer	Telephone # ()
Address	Dates Employed: ____/____/____ to ____/____/____
Summarize the nature of work performed and job responsibilities _____ _____ _____	Immediate Supvr. and Title
	Starting Job Title: Final Job Title:
Hourly rate/salary Start \$ _____ per _____ Final \$ _____ per _____	Reason for leaving: _____ <input type="checkbox"/> Resignation <input type="checkbox"/> Termination
Employer	Telephone # ()
Address	Dates Employed: ____/____/____ to ____/____/____
Summarize the nature of work performed and job responsibilities _____ _____ _____	Immediate Supvr. and Title
	Starting Job Title: Final Job Title:
Hourly rate/salary Start \$ _____ per _____ Final \$ _____ per _____	Reason for leaving: _____ <input type="checkbox"/> Resignation <input type="checkbox"/> Termination

Employment Experience (Continued)

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude memberships, which would reveal gender, race, religion, creed, national origin, age, ancestry, disability, or other protected status:

Employer	Telephone # ()
Address	Dates Employed: ____/____/____ to ____/____/____
Summarize the nature of work performed and job responsibilities _____ _____ _____	Immediate Supvr. and Title
	Starting Job Title: Final Job Title:
Hourly rate/salary Start \$ _____ per _____ Final \$ _____ per _____	Reason for leaving: _____ <input type="checkbox"/> Resignation <input type="checkbox"/> Termination

Employer	Telephone # ()
Address	Dates Employed: ____/____/____ to ____/____/____
Summarize the nature of work performed and job responsibilities _____ _____ _____	Immediate Supvr. and Title
	Starting Job Title: Final Job Title:
Hourly rate/salary Start \$ _____ per _____ Final \$ _____ per _____	Reason for leaving: _____ <input type="checkbox"/> Resignation <input type="checkbox"/> Termination

Employer	Telephone # ()
Address	Dates Employed: ____/____/____ to ____/____/____
Summarize the nature of work performed and job responsibilities _____ _____ _____	Immediate Supvr. and Title
	Starting Job Title: Final Job Title:
Hourly rate/salary Start \$ _____ per _____ Final \$ _____ per _____	Reason for leaving: _____ <input type="checkbox"/> Resignation <input type="checkbox"/> Termination

MINIMUM QUALIFICATIONS

For each position that you have applied for please describe how you meet each of the minimum qualifications based on the job description or job posting.

First position applied for: _____

Describe how you meet the minimum qualifications for this position. _____

Second position applied for: _____

Describe how you meet the minimum qualifications for this position. _____

Third position applied for: _____

Describe how you meet the minimum qualifications for this position. _____

Applicant's Statement & Consent

I certify that answers given therein are true and complete to the best of my knowledge.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (I) cancel further consideration of this application or, (II) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representative, employees, or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, representative, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

This application for employment shall be considered active for a period of time not to exceed 6 months. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

I also agree to undergo additional testing, possibly including a background screen and/or physical, whenever requested, if I should be asked to do so. I understand that the test results will be considered by the management in deciding whether or not to hire me, or may result in my dismissal without notice if hired.

If I am hired, I understand that I am free to resign at any time, with or without reason and without proper notice, and the employer reserves the same right to terminate my employment at any time, with or without reason and without proper notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the Executive Director.

I agree to be employed on a 180 calendar days introductory period, and that I may be dismissed at any time during this period at the discretion of the employer without showing reason.

I understand that employment at this agency is "at-will" and it includes no guarantee, contract or promise of employment for any specific length of time.

I hereby authorize Childhood Development Services and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report and /or an investigative consumer report to be generated for employment, promotion, reassignment or retention as an employee. I understand the scope of the consumer report/investigative consumer report and may include, but is not limited to the following areas.

Verification of Social Security Number, current and previous residences, employment history including all personnel files, education, character references, credit history and reports, criminal history records from any Criminal Justice Agency in any or all federal, state, county jurisdictions, birth records, motor vehicle records to include traffic citations and registration and any other public records.

I _____ authorize the complete release of these records or data pertaining to me which an individual, company, firm, corporation, or public agency may have. I understand that I must provide my date of birth to adequately complete said screening, and acknowledge that my date of birth will not affect any hiring decisions. I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge of me, to furnish bearer with any and all information in their possession regarding me in connection with an application of employment. I am authorizing

that a photocopy of this authorization be accepted with the same authority as the original.

I hereby release Childhood Development Services and its agents, officials, representatives or assigned agencies including officers, employees or related personnel both individually and collectively from any and all liability for damages of whatever kind, which may at any time result to me, my heirs family or associates because of compliance with this authorization and request to release. You may contact me as indicated below; I understand that a copy of this authorization may be given at any time provided I do so in writing.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE “APPLICANT’S STATEMENT & CONSENT.”

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement and the information presented by me on this employment application is true and correct.

Signature of Applicant

Date

Printed Name of Applicant

(Lack of Your Signature Disqualifies Your Employment Application)

A Summary of Your Rights under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20006.**

- **You must be told if information in your files has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment - or to take another adverse action against you - must tell you, and must give you the name, address and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - A person has taken adverse action against you because of information in your credit report.
 - You are the victim of identity theft and place a fraud alert in your file;
 - Your file contains inaccurate information as a result of fraud;
 - You are on public assistance;
 - You are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting

agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your files that is incomplete or inaccurate and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need - usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
1 .a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.	a. Bureau of Consumer Financial Protection 1700 G Street NW Washington, DC 20006
b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the Bureau:	b. Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 (877) 382-4357
2. To the extent not included in item 1 above:	
a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks	a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050
b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and insured state branches of foreign banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act	b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480
c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations	c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106
d. Federal Credit Unions	d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314
3. Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Department of Transportation 400 Seventh Street SW Washington, DC 20590
4. Creditors Subject to Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 1925 K Street NW Washington, DC 20423
TYPE OF BUSINESS:	CONTACT:

5. Creditors Subject to Packers and Stockyards Act	Nearest Packers and Stockyards Administration area supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 406 Third Street, SW, 8 th Floor Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F St NE Washington, DC 20549
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357

Authorization to Obtain Consumer Credit Report

(Employment references are a form of "Credit Report" under the FCRA)

I have been notified that Childhood Development Services, Inc. (CDS) would like to obtain my consumer credit report in connection with my application for employment. I authorize CDS to obtain such a report and release CDS from any liability connected with obtaining such a report.

Printed Name of Applicant or Employee

Date

Signature of Applicant or Employee

EMPLOYMENT DATA RECORD

Employees are treated during employment without regard to race, color, religion, gender, creed, national origin, age, marital or veteran status, non job-related medical condition or disability, or any other legally protected status. As an employer with an Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose for this Data Record is to comply with government record keeping, reporting and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information please note that all Data Records are kept in a confidential file and are not part of your CDS Application for Employment or personnel file. Please note: *Your cooperation is voluntary. Inclusions or exclusions of any data will not affect any employment decisions.*

Voluntary Survey *(Please Print)*

Date: _____

Government agencies at times require periodic reports on the gender, ethnicity, disability, veteran and other protected status of employees and applicants. This data is for statistical analysis with respect to the success of the Affirmative Action Program. *Submission of this information is voluntary.*

Name:	Check One:	Male	Female
Address:			
City:	State:	Zip Code:	
Social Security Number:	Birth date: ____/____/____		

Voluntary Survey (Continued)

Job(s) Applied For:

PLEASE COMPLETE ALL SECTIONS BELOW THAT APPLY TO YOUR BACKGROUND

- Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.**
- White (Not Hispanic or Latino) – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.**
- Black or African American (Not Hispanic or Latino) – A person having origins in any of the black racial groups of Africa.**
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) – A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.**
- Asian (Not Hispanic or Latino) – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.**
- American Indian or Alaska native (Not Hispanic or Latino) – A person having origins in any of the original peoples of the original people of North and South America (including Central America), and who maintain tribal affiliation or community attachment.**
- Two or More Races (Not Hispanic or Latino) – All persons who identify with more than one of the above five races.**

Check If Any of the Following Are Applicable:

Vietnam Era Veteran

Disabled Veteran

Person with a Disability