



Date

APPLICATION FOR EMPLOYMENT

PLEASE PRINT CLEARLY

Please Answer All Questions. Resumes are meant to compliment your application, not substitute it.

PERSONAL INFORMATION

Name

Current Address

City

State

Zip

Telephone Number

Alternate Number

How long have you lived there

E-Mail Address (optional)

Position Applied For

Desired Salary/Hourly Range

Type of employment desired?

Full-time

Part-time (Specify Hours)

Date you can start work, if hired?

Have you previously applied for employment with this organization?

Yes

No

If yes, when? Where?

Professional References: List three (3):

NAME

EMAIL & PHONE

ORGANIZATION

List any licenses, certifications or credentials you have earned:

Why are you interested in becoming an employee of Communities In Schools?

Where did you get the information about the position?

WORK EXPERIENCE *(If different than your resume)*

Please list the names of your present and/or previous employers in chronological order with present or most recent employer listed first. Provide information for the most recent ten (10) year period. Attach additional sheets if needed. If self-employed, supply firm name and business references. You may include any verifiable work performed on a volunteer basis, internships, or military service.

Click here if it's the same info as your resume.

Employer

Name	Address	Type of Business
Telephone	Dates Employed From	To
Job Title	Supervisor's Name	
May we contact?	Yes No	If No, why not?
Reason for Leaving?		

Employer

Name	Address	Type of Business
Telephone	Dates Employed From	To
Job Title	Supervisor's Name	
May we contact?	Yes No	If No, why not?
Reason for Leaving?		

Employer

Name	Address	Type of Business
Telephone	Dates Employed From	To
Job Title	Supervisor's Name	
May we contact?	Yes No	If No, why not?
How many consecutive years have you lived in Ohio?		

APPLICANT CERTIFICATION

I understand and agree that if driving is a requirement of the job for which I am applying, my employment and/or continued employment is contingent on possessing a valid driver's license for the state in which I reside and automobile liability insurance in an amount equal to the minimum required by the state where I reside.

I understand that Communities In Schools (CIS) may now have, or may establish, a drug-free workplace or drug and/or alcohol testing program consistent with applicable federal, state, and local law. If CIS has such a program and I am offered a conditional offer of employment, I understand that if a pre-employment (post-offer) drug and/or alcohol test is positive, the employment offer may be withdrawn. I agree to work under the conditions requiring a drug-free workplace, consistent with the federal, state, and local law, may be subject to urinalysis or other medically recognized tests designed to detect the presence of alcohol or illegal or controlled drugs. If employed, I understand that the taking of alcohol and/or drug tests is a condition of continual employment and I agree to undergo alcohol and drug testing consistent with CIS' policies and applicable federal, state, and local law.

I understand and agree that as a condition of employment and to extent permitted by federal, state, and local law, I may be required to sign a confidentiality, restrictive covenant, and/or conflict of interest statement.

I certify that all the information on this application, my resume, or any supporting documents I may present is and will be complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for employment or, if employed, disciplinary action, up to and including immediate dismissal.

CIS IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, CIS OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE. NOTHING IN THIS APPLICATION OR IN ANY DOCUMENT OR STATEMENT, WRITTEN OR ORAL, SHALL LIMIT THE RIGHT TO TERMINATE EMPLOYMENT AT-WILL. NO OFFICER, EMPLOYEE OR REPRESENTATIVE OR CIS IS AUTHORIZED TO ENTER INTO AN AGREEMENT – EXPRESSED OR IMPLIED-WITH ME OR ANY APPLICANT FOR EMPLOYMENT FOR A SPECIFIED PERIOD OF TIME UNLESS SUCH AN AGREEMENT IS IN A WRITTEN CONTRACT SIGNED BY THE EXECUTIVE DIRECTOR OF CIS.

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF SIXTY (60) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

*****DO NOT SIGN UNTIL YOU HAVE READ ALL OF THE INFORMATION CONTAINED IN THE APPLICATION.*****

Applicant Signature _____ **Date** _____
