

**EVERGREEN CHILDREN'S ASSOCIATION
APPLICATION FOR EMPLOYMENT
(PLEASE PRINT)**

Provide all information requested.

An Equal Opportunity Employer – We are an equal opportunity employer and we do not and will not discriminate on the basis of race, religion, national origin, sex, age, disability, marital status, status as a disabled veteran, or sexual orientation. Information provided on this application will not be used for any discriminatory purpose.

Last Name		First Name			Middle Name	
Address:	Number	Street	City	State	Zip Code	
Work Telephone:		Home Telephone:			Cell Phone:	
E-mail:				Social Security Number:		
Type(s) of Work Desired:				Date of Application:		

How were you referred to ECA? (circle one)	
<p>A. By Your College</p> <p>B. Advertisement</p> <p>C. Employment Agency</p> <p>D. Job Announcement</p>	<p>D. Walk-in</p> <p>E. By an Employee (if so, give name: _____)</p> <p>F. Resume/Letter</p> <p>G. Other (please specify): _____</p>

EDUCATIONAL HISTORY

School Name	Location (city, state)	Major Course or subject	Dates Attended:		Graduated?		Degree
			From:	To:	Yes	No	
High School:							
Technical/trade: (after high school)							
College(s): (list all attended)							
Other educ. or training:							

Outside Activities (exclude those indicating race, color, religion, sex, national origin, age, disability, marital status, sexual orientation or veteran status)

Professional memberships, certificates or licenses held

Past and present civic or cultural activities - include offices held (exclude those indicating race, color, religion, sex, national origin, age, disability, marital status, sexual orientation or veteran status)

Principle hobbies

Special Skills (office positions only)

adding machines
 bookkeeping
 typing
 WPM
 data entry
 receptionist
 spreadsheets (software: _____)
 word processing (software: _____)
 office machines (specify: _____)

Indicate any other skills related to the position you are seeking: _____

MISCELLANEOUS

Were you previously employed by ECA?	<input type="checkbox"/> Yes If yes, when:	<input type="checkbox"/> No
Do you have any relative(s) currently employed by ECA?	<input type="checkbox"/> Yes If yes, list below:	<input type="checkbox"/> No
Name	Relationship	Name
		Relationship
Have you been convicted of any crimes other than minor traffic violations, including sexual abuse or harassment, during the past seven (7) years?	<input type="checkbox"/> Yes If yes, list below	<input type="checkbox"/> No (A conviction record will not necessarily bar you from employment.)
Conviction record information:		Conviction record information:
Would you be willing to work a split shift or less than full-time? <input type="checkbox"/> Yes If yes, which shifts:		<input type="checkbox"/> No

EMPLOYMENT RECORD

Starting with present or most recent, list all previous employment and significant volunteer assignments. Include self-employment, summer and part-time jobs. If more space is required, please continue on a separate sheet. You may attach a resume, but complete the application as well (a resume is not a substitute for this application.)

Last or present company	Type of business	Title or job classification
Street address	Phone number	Brief description of job duties
City	State	Zip Code
Supervisor's name/title	Phone number	
Base salary	Reason(s) for leaving	
Dates worked From:	To:	

Last or present company	Type of business	Title or job classification
Street address	Phone number	Brief description of job duties
City	State	Zip Code
Supervisor's name/title	Phone number	
Base salary	Reason(s) for leaving	
Dates worked From:	To:	

Last or present company	Type of business	Title or job classification
Street address	Phone number	Brief description of job duties
City	State	Zip Code
Supervisor's name/title	Phone number	
Base salary	Reason(s) for leaving	
Dates worked From:	To:	

U.S. MILITARY RECORD

Branch of Service:	From:	To:
<hr/>		
Present military affiliation:	<input type="checkbox"/> None	<input type="checkbox"/> Reserve (active)
		<input type="checkbox"/> Reserve (inactive)
<hr/>		
Kinds of training and duty while in service:		
<hr/>		
<hr/>		

PROFESSIONAL/WORK REFERENCES

List two past supervisors and one other person who is not related to you who have knowledge of your qualifications for the position for which you are applying.

Name	Title/Relationship
Street address	Phone number
City State Zip Code	Occupation

Name	Title/Relationship
Street address	Phone number
City State Zip Code	Occupation

Name	Title/Relationship
Street address	Phone number
City State Zip Code	Occupation

May we contact your employer?	Wage or salary required:	Date available:
<input type="checkbox"/> Yes <input type="checkbox"/> No		

I certify that the information given by me to ECA is true and complete to the best of my knowledge. I understand that, if I am employed, discovery that I gave false or misleading information may result in immediate dismissal.

I further certify that I am not engaged in any outside activity or business that could be considered in conflict with ECA's interest or those of its customers, nor will I become engaged in such activity or business if employed.

I authorize ECA to solicit information regarding my character, general reputation, previous employment, criminal history and similar background information, and to contact any and all references I have given on my application or included with my resume. I hereby release all parties and persons connected with any such request for information from all claims, liabilities and damages for any reason arising out of the furnishing of such information. If employed, I release ECA from any liability for future references it may provide regarding my work history at the agency.

I understand that if I am hired, my employment relationship with ECA is a voluntary one and may be terminated by ECA or me at-will.

Applicant's Signature: _____ Date: _____