



# Application For Employment

Child Development Council of Franklin County Inc.  
300 East Spring Street  
Columbus, OH 43215-2628  
Mattie B. James, President & CEO

FOR OFFICE USE ONLY

Card Sent \_\_\_\_\_ EEO Log \_\_\_\_\_  
Interviewed/Declined \_\_\_\_\_  
Interviewed/Hired \_\_\_\_\_  
Reviewed by \_\_\_\_\_

Application Date \_\_\_\_/\_\_\_\_/\_\_\_\_

CDC considers applicants for all positions without regard to race, color, religion, gender, national origin, age, marital or veteran status, the presence of a non job-related condition or disability, or any other legally protected status. We are an Equal Opportunity/Affirmative Action Employer.

**Please Print**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Social Security Number: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Is resume attached?    Yes    No

Position Applying For:  
\_\_\_\_\_

If interested in more than one position a separate application must be completed.

## Education/Skills (Include Name/City/State)

High School \_\_\_\_\_ Graduate?    Yes    No    GED  
College \_\_\_\_\_ Graduate?    Yes    No  
Course of Study \_\_\_\_\_ Diploma or Degree: \_\_\_\_\_  
Graduate School \_\_\_\_\_ Graduate?    Yes    No  
Course of Study \_\_\_\_\_ Diploma or Degree: \_\_\_\_\_  
Other (specific) \_\_\_\_\_ Graduate?    Yes    No  
Course of Study \_\_\_\_\_ Diploma or Degree: \_\_\_\_\_

## Professional Licenses and/or Certifications

Registered    Licensed    Certified   Type \_\_\_\_\_ State Issued \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Number \_\_\_\_\_

## Professional & Personal References (No Relatives)

Professional    Name \_\_\_\_\_ Telephone \_\_\_\_\_  
                    Address \_\_\_\_\_  
Professional    Name \_\_\_\_\_ Telephone \_\_\_\_\_  
                    Address \_\_\_\_\_  
Personal        Name \_\_\_\_\_ Telephone \_\_\_\_\_  
                    Address \_\_\_\_\_

## Please Answer The Following Questions:

- Yes No If you are under 18 years of age, can you provide proof of eligibility to work?
- Yes No Do you have you the legal right to work in the U.S.? (Proof will be required upon employment)
- Yes No Have you been convicted for a felony?  
If yes, explain \_\_\_\_\_
- Yes No Have you ever been employed by The Child Development Council of Franklin County, Inc.?  
Dates Employed \_\_\_\_\_ Supervisor \_\_\_\_\_ Position \_\_\_\_\_
- Yes No Please list names of friends or relatives now employed by The Child Development Council of Franklin County, Inc.:  
Name \_\_\_\_\_ Position \_\_\_\_\_ Relationship \_\_\_\_\_
- Yes No Is there any additional information involving a change of your name or assumed name that will permit us to check your work record?  
If yes, please explain \_\_\_\_\_
- Yes No May we contact your present employer?
- Yes No Are you or have you ever been a 9 Head Start parent or 9 Head Start student?
- 

## Employment Experience [Please begin with current or most recent employer]

Job Title \_\_\_\_\_ Employer \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Supervisor \_\_\_\_\_  
Work Performed \_\_\_\_\_  
Employed From \_\_\_\_\_ To \_\_\_\_\_ Last Salary \$ \_\_\_\_\_  
Reason For Leaving \_\_\_\_\_

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Job Title \_\_\_\_\_ Employer \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Supervisor \_\_\_\_\_  
Work Performed \_\_\_\_\_  
Employed From \_\_\_\_\_ To \_\_\_\_\_ Last Salary \$ \_\_\_\_\_  
Reason For Leaving \_\_\_\_\_

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Job Title \_\_\_\_\_ Employer \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Supervisor \_\_\_\_\_  
Work Performed \_\_\_\_\_  
Employed From \_\_\_\_\_ To \_\_\_\_\_ Last Salary \$ \_\_\_\_\_  
Reason For Leaving \_\_\_\_\_

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## Signature

My signature denotes that I verify the information provided in this employment application is true, correct, and complete. I hereby give my consent to the Child Development Council of Franklin County, Inc. to verify the information contained in this application, including contacting references, educational institutions, and previous employers, except where noted. I understand that false or misleading information given on the application or during an interview will be grounds for determining that I am ineligible for employment or for my dismissal after employment. I further understand that CDC is an at-will employer and, as such, either CDC or I may terminate my employment at any time for any reason or no reason.

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

# AFFIRMATIVE ACTION DATA

Child Development Council of Franklin County, Inc.

The Child Development Council of Franklin County, Inc. is an Equal Opportunity/Affirmative Action Employer. In an effort to meet its affirmative action, non-discrimination objectives, and to comply with federal and state laws, regulations, and guidelines, and to evaluate the effectiveness of our recruiting sources, we urge you to complete this form. Completion of this form is voluntary and failure to provide the information will not subject you to any adverse treatment. Please print clearly in ink.

\_\_\_\_\_

**Title of Position Applying For**

\_\_\_\_/\_\_\_\_/\_\_\_\_

**Today's Date**

## Referral Source: How did you learn about this job opening?

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> CDC JOBLINE           | <input type="checkbox"/> Columbus Dispatch            | <input type="checkbox"/> CDC Head Start Center |
| <input type="checkbox"/> CDC Employee Referral | <input type="checkbox"/> The Columbus Post            | <input type="checkbox"/> Other                 |
| <input type="checkbox"/> Walk-in               | <input type="checkbox"/> The Columbus Employment News |  |

**Gender**       Male       Female

## Race/Ethnicity

- |   |  |
|---|--|
| <input type="checkbox"/> White, Non-Hispanic            | <input type="checkbox"/> Asian or Pacific Islander         |
| <input type="checkbox"/> African-American, Non-Hispanic | <input type="checkbox"/> American Indian or Alaskan Native |
| <input type="checkbox"/> Hispanic                       | <input type="checkbox"/> Other: Specify _____              |

## Disability

- No, I do not have, nor am I regarded as having a disabling condition as defined by the Americans with Disabilities Act.
- Yes, I have a disabling condition as defined by the Americans with Disabilities Act - a physical or mental impairment that substantially limits one or more of the major life activities; of such an impairment; or regarded as having such an impairment".

If you are disabled, we would like to include you under our Affirmative Action Program. Accordingly, it would assist us if you would tell us about:

- (1) any special methods, skills and procedures which qualify you for positions that you might not otherwise be qualified for because of your disability, so that you will be considered for any positions of that kind, and
- (2) accommodations that we could make which would enable you to participate in an employment interview or perform a job properly and safely. You may provide the requested information on the reverse side of this form and/or on additional pages which you attach.

## Veteran Status – Are You a Veteran?

- Yes
- Disabled Veteran
- Vietnam Era Veteran
- Desert Storm/Shield Veteran
- No, I am not a Veteran.

*This sheet will be detached by Human Resources*