



Child & Family Support Services, Inc.  
4700 S McClintock Suite 120  
Tempe AZ 85282  
(480) 635-9944 Phone  
(480) 897-9170 Fax

## Child & Family Support Services, Inc. Employment Application

### Personal Information

Full Name: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Date of application: \_\_\_\_\_ Have you ever applied to CFSS before?  Yes  No  
Phone number: \_\_\_\_\_ Cell number: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Employment Desired

1. Position(s) applying for: 1. \_\_\_\_\_ 2. \_\_\_\_\_
2. Date you can begin: \_\_\_\_\_ Salary Desired: \_\_\_\_\_
3. Are you currently employed?  Yes  No Type of employment sought:  F/T  P/T
4. Hours/Days available for work \_\_\_\_\_
5. There are certain driving record limitations for our liability insurance. Please list any tickets, accidents, or convictions that would be listed on your driving record for the past three years. \_\_\_\_\_

Do you have a valid AZ Driver License  Yes  No

6. Can you, at the time of employment, submit verification of your legal right to work in the United States?  Yes  No
7. Are you at least age eighteen?  Yes  No Are you at least age twenty-one?  Yes  No
8. Have you ever been convicted of a crime (misdemeanor or felony), including sex related or child abuse related offenses?  Yes  No
9. Have you ever been convicted of a felony?  Yes  No Explain if yes \_\_\_\_\_

### Education

High School: \_\_\_\_\_ Location: \_\_\_\_\_ Graduate?  Yes  No  
1<sup>st</sup> College: \_\_\_\_\_ Location: \_\_\_\_\_ Graduate?  Yes  No  
Degree: \_\_\_\_\_ Major: \_\_\_\_\_  
Date of graduation: \_\_\_\_\_  
2<sup>nd</sup> College: \_\_\_\_\_ Location: \_\_\_\_\_ Graduate?  Yes  No  
Degree: \_\_\_\_\_ Major: \_\_\_\_\_  
Date of graduation: \_\_\_\_\_

I authorize the release of my education records to CFSS to confirm my qualifications.  Yes  No

**Please Answer:**

1. Why are you interested in becoming an employee with Child & Family Support Services, Inc.?  
\_\_\_\_\_

2. Do you have current: CPR  First Aid  TCI  Fingerprint Clearance Card  Reliable Transportation  Auto Insurance  Cell Phone

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3. Please list any other special skills/certifications you possess etc.): \_\_\_\_\_  
\_\_\_\_\_

4. Before working with families, we require that you attend an initial one week training that is held M-F 8 a.m. to 5 p.m. Would you be available to attend this training during a selected week?  Yes  No

5. CFSS provides support to youth and families wherever they need it most. Is there anywhere in your county or surrounding areas that you are **NOT** willing to travel? \_\_\_\_\_

6. What are your career goals? \_\_\_\_\_

7. How did you hear about the position? \_\_\_\_\_

**Employment History** — list most recent first. List all prior employers. Attach additional sheet if necessary. Must list at least your prior 5 years of employment.

**Current Employer:** \_\_\_\_\_ Last Position \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone No. \_\_\_\_\_

Address: \_\_\_\_\_ Zip \_\_\_\_\_

Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Previous Employer:** \_\_\_\_\_ Last Position \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone No. \_\_\_\_\_

Address: \_\_\_\_\_ Zip \_\_\_\_\_

Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Previous Employer:** \_\_\_\_\_ Last Position \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone No. \_\_\_\_\_

Address: \_\_\_\_\_ Zip \_\_\_\_\_

Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

I authorize CFSS to contact past and present employers to verify employment history and qualifications.  
 Yes  No  After Offer is Made

**References** — list 3 individuals [not related to you] who are familiar with your work and/or skills.

Name	Name of Company (if applicable)	Address	Telephone No.	Years Acquainted

I certify that the above information is true and accurate and my signature is confirmation of any above consent to release information:

Signed: \_\_\_\_\_

Date: \_\_\_\_\_