



**Carson Valley Children's Center  
"Austin's House"**

**Post Office Box 784**

**Minden, NV 89423**

**775-782-6247**

**fax 775- 782 -9878**

## **Application for Employment**

Dear Applicant,

Thank you for your interest in employment with the Carson Valley Children's Center known as Austin's House. The following will explain our recruitment process and answer frequently asked questions.

- Applications are accepted for open positions only. Please indicate the title of the position for which you are applying on each application.
- You may access our application and open positions at our website [www.austinshouse.org](http://www.austinshouse.org) or by calling 775-782-6247.
- Faxed applications are acceptable. Our fax number is 775-782-9878.
- Resumes are not accepted in lieu of applications. However, applicants may attach a resume to their completed application.
- Applications and all required documentation must be received by our office on or before the closing date. Please be advised that no exceptions will be made.
- Please allow at least two weeks after the closing date for processing, before contacting our office regarding the status of the position. You will receive a written response from us within 30 days unless the recruitment is delayed.

If you have any questions, please do not hesitate to contact our office. Once again, thank you for your interest in employment with the Children's Center.

**“Austin’s House”**  
**Post Office Box 784**  
**Minden, NV**  
**775-782-6247 775-782-9878 (fax)**

## **Application for Employment**

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

Please answer each question completely. Please type or print clearly and legibly. Applications not filled out completely will not be considered. Return completed applications to Carson Valley Children’s Center. Separate applications must be filled out for each position you are applying for. Photocopies will be accepted with an original signature. Faxed copies are accepted by the deadline date, with the original application due within one week. Resumes accepted when attached to a completed application. If you have a disability and believe you require special accommodations during the selection process, please contact our office at the above number.

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone \_\_\_\_\_

Email address \_\_\_\_\_ Cell phone \_\_\_\_\_

On what date would you be available for work? \_\_\_\_\_

Are you applying for?  Full time  Part time

Have you received a job announcement for this position?  Yes  No

Do you understand the job requirements for this position?  Yes  No

Can you perform the requirements of this job with or without reasonable accommodations?  
 Yes  No

Are you at least 18 years of age?  Yes  No If no, please state age \_\_\_\_\_

Have you ever been employed by the Carson Valley Children’s Center?  Yes  No  
If yes, please state the year and the position \_\_\_\_\_

Do you have relatives employed by the Carson Valley Children’s Center or serving on the Board of Directors?  Yes  No

If yes, Name \_\_\_\_\_ Relationship \_\_\_\_\_

Are you legally eligible to work in the United States?  Yes  No

Following an offer of employment, you will be asked to submit verification of your legal right to work in the United States.

Have you ever been convicted of a crime (other than a minor traffic violation)?

Yes  No

If yes, state the date, location and nature of the offense: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been the subject of a report of child abuse or neglect (substantiated or unsubstantiated)?  Yes  No If yes, state the date, location and nature of the report:

\_\_\_\_\_

Have you ever been discharged or terminated from any place of employment?  Yes  No  
If so, please explain: \_\_\_\_\_

NOTE: A termination or a conviction will not necessarily disqualify you from employment. It will be considered in terms of work to be performed. Use additional sheets if necessary.

**Military Service**

Have you ever been a member of the Armed Forces?  Yes  No

Branch \_\_\_\_\_ Rank \_\_\_\_\_ Discharge date and type \_\_\_\_\_

Duties \_\_\_\_\_

**Special Skills**

List job-related certificates, licenses, registrations or training related to the position for which you are applying:

Date completed

_____	_____
_____	_____
_____	_____
_____	_____

List any special skills you possess and/or equipment/tools or office machines you can operate related to this position: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Type: WPM \_\_\_\_\_ Computer/Software skills \_\_\_\_\_

**Education**

Are you currently a student?  Yes  No If yes, where \_\_\_\_\_

Did you graduate from High School?  Yes  No

If no, did you receive a GED?  Yes  No

School	Name and Location	Units	Major Study	Diploma/Degree Earned
High School				
College				
Trade or Business				
Graduate School				

**Employment History**

Provide all information regarding all paid, military and volunteer work within the past ten years. Describe your current or most recent position first; then list other relevant positions in order, working down from the most recent. Use a separate block for each position – even if employment was with the same organization. Use additional sheets if necessary. Do NOT use references such as “See Resume” in place of completing this section. Insufficiently completed applications will not be considered.

Employer \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_ From (mo/yr) \_\_\_\_\_ To (mo/yr) \_\_\_\_\_

Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_ Number of Employees Supervised \_\_\_\_\_

Supervisor’s Name and Title \_\_\_\_\_ Telephone \_\_\_\_\_

Related Duties \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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Employer \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_ From (mo/yr) \_\_\_\_\_ To (mo/yr) \_\_\_\_\_

Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_ Number of Employees Supervised \_\_\_\_\_

Supervisor’s Name and Title \_\_\_\_\_ Telephone \_\_\_\_\_

Related Duties \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Employer \_\_\_\_\_ Position \_\_\_\_\_  
Address \_\_\_\_\_ From (mo/yr) \_\_\_\_\_ To (mo/yr) \_\_\_\_\_  
Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_ Number of Employees Supervised \_\_\_\_  
Supervisor's Name and Title \_\_\_\_\_ Telephone \_\_\_\_\_  
Related Duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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Employer \_\_\_\_\_ Position \_\_\_\_\_  
Address \_\_\_\_\_ From (mo/yr) \_\_\_\_\_ To (mo/yr) \_\_\_\_\_  
Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_ Number of Employees Supervised \_\_\_\_  
Supervisor's Name and Title \_\_\_\_\_ Telephone \_\_\_\_\_  
Related Duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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May we contact all employers listed?  Yes  No (Attach a list of exceptions with explanation.)

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Please state below any other information that would be helpful in determining your qualifications for this position. You may include significant accomplishments, previous career highlights, or any other information that is not included in this employment application.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Personal References**

Give the name, address (home or business) and telephone number of five persons NOT RELATED to you and NOT former employers who have knowledge of your character, work experience, ability and accomplishments.

Name	Address	Occupation	Telephone

**Acknowledgments**

Please READ ALL of the following statements and INITIAL EACH to indicate you have read and understand each of the statements. If you have questions, contact Carson Valley Children’s Center at 775-782-6247.

\_\_\_ All offers of employment and all information regarding compensation and other terms and conditions of employment will be made in writing. Verbal statements may not be relied upon.

\_\_\_ Employment will be *at will* unless specifically stated to be otherwise. “*At will*” means the Carson Valley Children’s Center may terminate my employment at any time with no advance notice and for any reason or no reason.

\_\_\_ This application is the property of Carson Valley Children’s Center and will become part of my personnel file if I am hired.

I certify that all statements contained on this application are true and correct. I authorize Carson Valley Children’s Center to investigate my references and to make an independent investigation of any character, conduct and employment records; including, but not limited to, criminal, traffic and child abuse records. I hereby release all employers, schools, or persons from all liability in responding to inquiries in connection with my application. I understand that any misrepresentation, falsification or material omission of information may result in my failure to receive an offer, or if I have been hired, in my dismissal from employment, regardless of length of employment. In the event I am employed by Carson Valley Children’s Center, I agree to comply with all rules and policies.

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

**Applicant Data Record**

**Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Position Applied For** \_\_\_\_\_

The information requested on this form will be used by Carson Valley Children’s Center for research and statistical purposes only. Federal and State laws make it unlawful to discriminate in employment on the basis of race, color, religion, national origin, disability or age. Your participation is voluntary and would be greatly appreciated. This information will be kept separate and confidential and will not be used to make any employment decision.

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Male \_\_\_\_ Female \_\_\_\_

Are you a disabled veteran? \_\_\_\_ Yes \_\_\_\_ No

Are you a veteran of the Vietnam era? \_\_\_\_ Yes \_\_\_\_ No

**Choose one ethnic group with which you most closely identify:**

- \_\_\_\_\_ White
- \_\_\_\_\_ Black/African American
- \_\_\_\_\_ Hispanic
- \_\_\_\_\_ Asian/Pacific Islander
- \_\_\_\_\_ American Indian

**How were you referred?**

- \_\_\_\_\_ Walk-in
- \_\_\_\_\_ Newspaper (please specify)
- \_\_\_\_\_ Job Flyer
- \_\_\_\_\_ Web Site
- \_\_\_\_\_ State Employment Office
- \_\_\_\_\_ College Placement Service
- \_\_\_\_\_ Friend or Relative
- \_\_\_\_\_ Children’s Center Employee
- \_\_\_\_\_ Other (please specify)

**NOT FOR PERSONNEL FILE**

**Applicant Personal Information**

**Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Position Applied For** \_\_\_\_\_

The following information is requested for the purpose of conducting an appropriate background investigation as required for working with children.

Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

Aliases \_\_\_\_\_

I certify that all statements contained on this application are true and correct. I authorize Carson Valley Children's Center to conduct a full background investigation including state and local records, FBI and Child Abuse Registry. I understand that any misrepresentation, falsification or material omission of information may result in my failure to receive an offer, or if I have been hired, in my dismissal from employment, regardless of length of employment. In the event I am employed by Carson Valley Children's Center, I agree to comply with all rules and policies.

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