



Center for Human Services

# Employment Application

All applicants will be considered for employment without regard to race, religion, color, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other status protected by law. We are an Equal Opportunity Employer

## Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

Phone: ( ) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Are you a citizen of the United States? YES  NO  If no, are you authorized to work in the U.S.? YES  NO

Have you ever worked for this company? YES  NO  If yes, when? \_\_\_\_\_

Do you have any relatives now employed by the company? YES  NO  If yes please list names and department

Have you ever been convicted of a felony? YES  NO  If yes, explain

## Education

High School: \_\_\_\_\_ Location \_\_\_\_\_  
Did you graduate? YES  NO  GED

College: \_\_\_\_\_ Location \_\_\_\_\_  
Did you graduate? YES  NO  Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Location \_\_\_\_\_  
Did you graduate? YES  NO  Degree: \_\_\_\_\_

## References

Please list three professional references (excluding relatives or former employers).

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

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

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

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

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

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

**Previous Employment**

*Start with most recent employer, going back up to 15 years with no gaps in dates. Use additional sheets as necessary.*

Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

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

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

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

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

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

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

**Military Service**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

Briefly describe duties: \_\_\_\_\_



# Background Check Release Form for Center for Human Services

I \_\_\_\_\_ release Center for Human Services, Paragon Investigations LLC and Employee Screening Services to conduct a comprehensive employee background check. I release them to make any inquiries with my current and previous employers or others, who may have knowledge of me, or with consumer credit, investigative, or other private or governmental agencies. I understand and am aware that I must provide my date of birth to help verify and complete the employee background check and that my date of birth and age will not affect the hiring process or decision. I authorize any such person or agency (CHS, Paragon Investigations LLC, and Employee Screening Services) to give you any information concerning my personal record, including but not limited to an assessment of my job performance, verification of my social security number, verification of residence, verify employment history, verify education and references, driving record, civil records, criminal records, sex offenders list, credit history and or any other information they may have personal or otherwise. I or anyone related or associated to me release and indemnify Center for Human Services and all parties that they may use (i.e. Paragon Investigations LLC and Employee Screening Services) in obtaining this information from any and all liability, claims or damages that may directly or indirectly result at anytime from furnishing this information. I also am aware that this release form is and will be valid in its original form, faxed copy or email and scanned copy.

**This form must be filled out in its entirety and as legible as possible for the background check to be ordered**

**Social Security Number:** \_\_\_\_\_

**Driver License Number:** \_\_\_\_\_ **State of Issuance:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **State:** \_\_\_\_\_

**(Ms. Mrs. Mr. Miss.) Print Full Name:** \_\_\_\_\_ **(Include Jr. or Sr. )**

**Maiden Name or Alias:** \_\_\_\_\_

**Current Address:** \_\_\_\_\_

**Previous Address:** \_\_\_\_\_

**Do you have a criminal history yes or no?** \_\_\_\_\_

**If yes please explain:** \_\_\_\_\_

**License, Certification, or Registration Information:** \_\_\_\_\_

**May we contact your employer and references:** \_\_\_\_\_

**Locations of Residency the past five years. Most recent first.**

**State:** \_\_\_\_\_ **County:** \_\_\_\_\_

**State:** \_\_\_\_\_ **County:** \_\_\_\_\_

**State:** \_\_\_\_\_ **County:** \_\_\_\_\_

**State:** \_\_\_\_\_ **County:** \_\_\_\_\_

**After reading this above statement I \_\_\_\_\_ certify that I have read, fully understand, and accept all terms of this agreement and that any untruthfulness or omissions may be grounds for termination or grounds to not extend an offer of employment and that the information set out by me in this application is true and correct.**

**Signature of applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Requested by:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Dept:** \_\_\_\_\_

**Is this position for: (Circle one) Employment or Volunteer**

## Background Check Release Form for Center for Human Services

The Center for Human Services, in compliance with the provisions of the Fair Credit Reporting Act, may contact directly or employ the services of investigative agencies to obtain all necessary information from the references I have listed, or any other sources, concerning my prior employment, personal history or credit standing. I reserve the right to know the names and addresses of any investigative agencies used in order that I may learn the information contained in any reports furnished to The Center for Human Services.

Would you like to receive a copy of the report?

YES

NO

Prospective Employer: The Center for Human Services

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I have received a copy of "A Summary of Your Rights Under the Fair Credit Reporting Act".

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# VOLUNTARY DISCLOSURE RECORD

Our policy is to provide equal employment opportunity to all applicants for employment and employees without regard to race, color, religion, sex, national origin, marital or veteran status, medical condition or handicap, or any other legally protected status. In order that our company comply with United States Government Affirmative Action Programs, we are required to collect certain personal information from our applicants and employees. **Completion of this form is entirely voluntary.** If you choose to provide the information requested below, you are assured that it will be kept confidential and separate from your application form. This information is not a requirement for employment and will not be a factor regarding the decision to hire.

**PLEASE PRINT**

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

Name: \_\_\_\_\_

Soc. Sec. #: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Position(s) applied for: \_\_\_\_\_

Who referred you to our company? \_\_\_\_\_

**CHECK ONE OF THE FOLLOWING FOR EACH CATEGORY:**

GENDER:  Male  Female

VETERAN STATUS:  Veteran  Non-Veteran

**RACE OR ETHNICITY:**

- Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central America, or other Spanish culture or origin regardless of race.
- White (Not Hispanic or Latino)** – A person having origins in any of the original people of Europe, the Middle East or North Africa.
- Black or African American (Not Hispanic or Latino)** – A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian (Not Hispanic or Latino)**- A person having origins in any of the Far East, Southeast Asia, or the Indian Subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- American Indian or Alaska Native (Not Hispanic or Latino)** – A person having origins in any of the original people of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- Two or more Races (Not Hispanic or Latino)** – All persons who identify with more than one of the above races.

It is our policy to hire well-qualified people. An integral part of this policy is to provide disabled workers, disabled veterans, and Vietnam Era Veterans, equal employment with respect to all employment practices. Consistent with the provisions of the Rehabilitation Act of 1973, and with the Vietnam Era Veterans Readjustment Assistance Act of 1974, we will take Affirmative Action with regard to the above groups. If you believe you are covered by the above Acts, we invite you to Self-identify for consideration under this Affirmative Action Program. Provisions of this information are voluntary and refusal to provide it will not subject the applicant or employee to adverse treatment. Further, if provided, the information will be kept confidential and used only in accordance with the Acts and regulations.

I am: **A special disabled veteran**  Yes  No **Other Protected Veteran**  Yes  No  
**A veteran of the Vietnam Era**  Yes  No **A disabled individual**  Yes  No  
**A newly Separated Veteran**  Yes  No

*The above information is voluntarily supplied by me. I understand it is for record keeping only and is not part of my application or a requirement for employment. It will be filed separately and kept confidential.*

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