

**AVIVA FAMILY AND CHILDREN'S SERVICES (AFCS)
PRE-EMPLOYMENT APPLICATION**

We consider all applicants without regard to race, color, creed, religion, sex, gender identity, pregnancy, child birth, national origin, ancestry, age, marital status, political belief, physical or mental disability, medical condition, military or veteran status, sexual orientation, transgender status or any other legally protected status to the extent required by law.

PLEASE PRINT

Position applying for: _____

Date of application: _____

How did you learn about Aviva Family and Children's Services:

_____ Advertisement _____ Friend _____ Employment Agency
_____ Walk-in _____ Relative _____ Other _____

ABOUT YOURSELF

Last Name	First Name	MI
-----------	------------	----

Street Address	City	State	Zip Code
----------------	------	-------	----------

Telephone Number	Social Security Number
------------------	------------------------

Are you over 21 years old? _____

Have you ever completed an application with us before? _____

Have you ever been employed with us before? _____

Are you currently employed? _____

Are you prevented from lawfully becoming employed in this country because of VISA or Immigration Status?
(Proof of citizenship or immigration status will be required upon employment.) _____

On what date are you available to begin working? _____

Are you available: _____ Full time _____ Part time _____ Temporary?

Have you ever been convicted of a crime?
(If yes, please explain. Conviction will not necessarily disqualify an applicant from employment.) _____

AFCS IS AN EQUAL OPPORTUNITY EMPLOYER

RECORD OF EDUCATION (Most recent first):

Only coursework from an accredited university will be considered.

Name and Address of Schools	Number of Years Completed	Did you Graduate?	Diploma or Degree Received & Subject

Describe course of study:

Describe any specialized training, apprenticeship skills and extra-curricular activities:

Describe any honors received:

What language do you speak, read or write fluently? _____

List any Professional, Trade, Business or Civic activities and offices held: (You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, handicap or other protected status)

State any additional information you feel may be helpful to AFCS in considering your application.

EMPLOYMENT EXPERIENCE AND REFERENCES: (Most recent employment first)

Please complete even if resume is attached

Employer _____ From _____ To _____
Job Title _____ Salary _____
How many hours per week? _____ Duties _____
Address _____
_____ Telephone _____
Name of Supervisor/Title _____
Reason for Leaving _____
May we call for reference? Yes _____ No _____

Employer _____ From _____ To _____
Job Title _____ Salary _____
How many hours per week? _____ Duties _____
Address _____
_____ Telephone _____
Name of Supervisor/Title _____
Reason for Leaving _____
May we call for reference? Yes _____ No _____

Employer _____ From _____ To _____
Job Title _____ Salary _____
How many hours per week? _____ Duties _____
Address _____
_____ Telephone _____
Name of Supervisor/Title _____
Reason for Leaving _____
May we call for reference? Yes _____ No _____

EMPLOYMENT DATA RECORD

Employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or disability, or any other legally protected status.

As an employer with Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose for this data record is to comply with government record keeping reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this data record is optional. If you choose to volunteer the requested information, please note that all data records are kept in a confidential file. Please note: YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.

VOLUNTARY SURVEY

Date _____

Government agencies at times require periodic reports on the sex, ethnicity, disability, veteran and other protected status of employees. This data is for statistical analysis with respect to the success of the Affirmative Action Program. SUBMISSION OF THIS INFORMATION IS VOLUNTARY.

NAME _____

PLEASE ANSWER THE FOLLOWING QUESTIONS

Check One: Male _____ Female _____

Check appropriate ethnicity/race: White _____ Hispanic or Latino _____

American Indian or Alaska Native _____ Black or African American _____

Native Hawaiian or Other Pacific Islander _____ Asian _____

Two or more Races _____ Other _____

Check if any of the following apply:

Vietnam Veteran _____ Disabled Veteran _____ Disabled Person _____

