



Prevent Child Abuse Arizona
P.O. Box 26495 | Prescott Valley, AZ 86312 | 928.445.5038

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer - Qualified applicants will receive consideration for employment without regard to race, color, religion, sex (including pregnancy, sexual orientation or gender identity), national origin, disability, age, genetic information, or any other characteristic protected by law.

PERSONAL INFORMATION (Please Print)

Incomplete information could disqualify you from further consideration. Please complete all fields.

Name: Date:

Home Address (Street address/city/state/zip code)

E-mail Address Mobile Phone #

Are you eligible to work in the U.S? Yes No Date you can start working:

Have you ever been terminated from employment or asked to resign by an employer? Yes No If yes, please provide company name(s) and details:

What days of the week and hours are you available to work?

EMPLOYMENT DESIRED Please indicate the position(s) for which you are applying.

I would like to be considered for the following job:

What qualifications do you have for this position?

Why are you interested in working for Prevent Child Abuse Arizona?

CRIMINAL BACKGROUND AND DRIVING HISTORY

In the last seven (7) years, have you been convicted, pleaded guilty or no contest to, or received a deferred adjudication, for a felony offense or a misdemeanor offense more serious than a minor traffic violation, AND, have you ever been convicted of a sex-related offense or a child abuse or neglect-related offense?

Yes No If yes, explain:

(A criminal history is not an absolute bar to employment. An individual assessment will be made in all cases.)

Jobs that Involve Driving: If you are offered a job that involves driving, proof of an acceptable driving record for the past 3 years may be required as a condition of employment.

EDUCATION AND TRAINING

List formal education, trade schools, special skills, languages or training that relate to the job:

EMPLOYMENT HISTORY

List your last ten (10) years of employment history, starting with the most recent and working backwards in time. If you need more space, write additional information on a piece of paper and attach it to this application.

From (Month/Year):	To (Month/Year):	Employer Name:	Employer Telephone: ()
Your Job Title:		Employer Address:	
Immediate Supervisor's Name and Title:		Reason for Leaving:	
May we contact this employer?	___Yes ___No	Hourly Rate/Salary:	
From (Month/Year):	To (Month/Year):	Employer Name:	Employer Telephone: ()
Your Job Title:		Employer Address:	
Immediate Supervisor's Name and Title:		Reason for Leaving:	
May we contact this employer?	___Yes ___No	Hourly Rate/Salary:	
From (Month/Year):	To (Month/Year):	Employer Name:	Employer Telephone: ()
Your Job Title:		Employer Address:	
Immediate Supervisor's Name and Title:		Reason for Leaving:	
May we contact this employer?	___Yes ___No	Hourly Rate/Salary:	
From Month/Year):	To (Month/Year):	Employer Name:	Employer Telephone: ()
Your Job Title:		Employer Address:	
Immediate Supervisor's Name and Title:		Reason for Leaving:	
May we contact this employer?	___Yes ___No	Hourly Rate/Salary:	

APPLICANT ACKNOWLEDGMENT Please read carefully before signing.

I understand that this Application for Employment does not create a contract between Prevent Child Abuse Arizona (PCA AZ) and me for employment or any other benefit. I also understand that if I am hired, I will be employed "at will," meaning that I am not hired for any definite length of time and either I or PCA AZ can end my employment at any time for any reason.

I understand that PCA AZ will rely, in part, on the information I provided in this Application for Employment when considering whether to hire me. I verify that I provided complete and accurate information. If the organization discovers at any time that I provided false information or omitted important information when completing this Application for Employment or during the interview process, I understand that my application will not be considered or, if I am working for PCA AZ, I may be dismissed from employment.

I authorize PCA AZ to contact anyone it deems appropriate to verify the information I have provided or to investigate my background, past job performance or suitability for employment. If I am offered employment, I understand that the offer may be conditioned upon successful results from a pre-employment drug test and criminal background check and Arizona fingerprint clearance card.

Applicant Signature: _____ **Date Signed:** _____