



The Parenting PATH (Positive Actions. Thriving Homes.)

Application for Employment

We are an equal opportunity employer and do not unlawfully discriminate against applicants with respect to employment terms and conditions based on race, color, national origin, religion, sex, age, sexual orientation, gender identity, gender expression, genetic information, disability, veteran status, or political affiliation. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

Applicant Name: _____ **Today's Date:** _____

Position(s) Applied: _____ **Email:** _____

Address: _____

City/State/Zip Code: _____

Telephone No.: _____ **Driver's License No./State:** _____

Birth Date: _____ **Social Security No.:** _____

Employment Type Desired: _____ Full-Time _____ Part-Time _____ Temporary

Available Start Date: _____

Are you able to meet the attendance requirements? _____ Yes _____ No

Do you have any objection to working overtime? _____ Yes _____ No

Can you travel if required for this position? _____ Yes _____ No

Do you have reliable transportation? _____ Yes _____ No

Have you ever been previously employed by our organization? _____ Yes _____ No

Have you ever previously volunteered with our organization? _____ Yes _____ No

Can you submit proof of legal employment authorization and identity? _____ Yes _____ No

If you are under 18, can you furnish a work permit? _____ Yes _____ No

Have you ever been convicted of a crime in the last 7 years? _____ Yes _____ No

If yes, please explain (**a conviction will not automatically bar employment**):

How were you referred to our organization: _____ **Staff** _____ **Newspaper** _____ **Online**

Source (Indeed, Career Builder, etc.) _____

500 West Northwest Boulevard | Winston-Salem, NC 27105

336.748.9028 phone | 336.748.9030 fax | www.parentingpath.org

The Parenting PATH is an Exchange Club Sponsored Child Abuse Prevention Center





EMPLOYMENT HISTORY Please provide all employment information for the past three (3) employers beginning with most recent.

1. **Employer:** _____ **Position/Title:** _____
Address/City/State/Zip Code: _____
Telephone No.: _____ **Supervisor Name:** _____
Employment Dates: from _____ to _____

Job Summary:

Reason for departing:

2. **Employer:** _____ **Position/Title:** _____
Address/City/State/Zip Code: _____
Telephone No.: _____ **Supervisor Name:** _____
Employment Dates: from _____ to _____

Job Summary:

Reason for departing:

3. **Employer:** _____ **Position/Title:** _____
Address/City/State/Zip Code: _____
Telephone No.: _____ **Supervisor Name:** _____
Employment Dates: from _____ to _____

Job Summary:

Reason for departing:

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OTHER SKILLS AND QUALIFICATIONS

Summarize any job-related training, skills, licenses, certificates, and/or other qualifications.

EDUCATIONAL HISTORY

List school name and location, years completed, course of study, and any degrees earned:

High School:

College/Trade:

Technical Training:

PROFESSIONAL REFERENCES

Please list three professional references (include email, telephone number, and years known):

AUTHORIZATION FOR CRIMINAL & SEX OFFENDER REGISTRY BACKGROUND CHECK

How long have you lived at your current address: _____

Please list your addresses for the past seven (7) years:

1. Address: _____ How Long: _____

City/State/Zip Code: _____

2. Address: _____ How Long: _____

City/State/Zip Code: _____

3. Address: _____ How Long: _____

City/State/Zip Code: _____

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I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, background checks, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Applicant Signature: _____ **Date:** _____

