

# Family Building Blocks

2425 Lancaster Drive NE, Salem, Oregon 97305  
(503) 566-2132 fax : (503) 566-2134

## APPLICATION FOR EMPLOYMENT

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

Position Applied For: \_\_\_\_\_ Full Time / Part Time (circle one)

NAME: \_\_\_\_\_  
Last First Middle Initial

ADDRESS: \_\_\_\_\_  
Street City State Zip

PHONE: \_\_\_\_\_  
Day Evening Message

How did you hear about this position? \_\_\_\_\_

Do you have the legal right to work in the USA? Yes / No (Proof of citizenship or legal work permit will be required if employed)

Driver's License #: \_\_\_\_\_ (if required for position)

Have you ever been convicted, pled guilty or no contest to a crime including sex or child abuse related offenses?

Yes  No

If yes, please explain: \_\_\_\_\_

*Do not include misdemeanor convictions for which the criminal record has been expunged, sealed or eradicated by the court, or misdemeanor convictions for which any probation has been completed and the case dismissed by the court.*

Are you currently charged with an unresolved criminal charge (one which has not yet resulted in a pleas, trial or dropping of the charge, or for which you are out on bail on your own recognizance pending trial)?

Yes  No

### EDUCATION:

Circle last grade completed: 8 9 10 11 12 13 14 15 16 AA BA MA MS PhD

Name of School	Location	Training or Major	Dates Attended	Name of Certificate/Degree

**LANGUAGE SKILLS (Voluntary Information)**

LANGUAGE	SPEAK		WRITE		READ	
	Fair	Fluent	Fair	Fluent	Fair	Fluent

**WORK EXPERIENCE:** (List your last three work experiences starting with the most recent)

Employer (Most recent)			
Company:	May we Contact?	Address:	Type of Business:
Supervisor:		Phone:	

Start Date: \_\_\_\_\_ (Month/Year)    Leave Date: \_\_\_\_\_ (Month/Year)    Salary: \_\_\_\_\_

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

Position Held:

Description of Work & Responsibilities:

Employer			
Company:	May we Contact?	Address:	Type of Business:
Supervisor:		Phone:	

Start Date: \_\_\_\_\_ (Month/Year)    Leave Date: \_\_\_\_\_ (Month/Year)    Salary: \_\_\_\_\_

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

Position Held:

Description of Work & Responsibilities:

Employer			
Company:	May we Contact?	Address:	Type of Business:
Supervisor:		Phone:	

Start Date: \_\_\_\_\_ (Month/Year)    Leave Date: \_\_\_\_\_ (Month/Year)    Salary: \_\_\_\_\_

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

**Position Held:**

**Description of Work & Responsibilities:**


**CHECK ALL THAT APPLY:**

- Child Care Division Registry # \_\_\_\_\_ Expiration date \_\_\_\_\_
- Marion County Food Handler Card Expiration date \_\_\_\_\_
- First Aid Card Expiration date \_\_\_\_\_
- Adult CPR Expiration date \_\_\_\_\_
- Infant / Toddler CPR Expiration date \_\_\_\_\_
- Recognizing & Reporting Child Abuse Date of last training \_\_\_\_\_

**PROFESSIONAL CERTIFICATIONS / LICENSES / MEMBERSHIPS:** \_\_\_\_\_

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**U.S. Military Service:** Not applicable \_\_\_\_\_

Indicate Branch	Rank at Discharge	Entry Date	Release Date

**PERSONAL REFERENCES: (Non-family members)**

Name	Address	Occupation	Phone

**PLEASE use this space for added information (additional work or volunteer experience, etc.):**


I certify that to the best of my knowledge the information above is true and accurate. I further understand that providing false information may result in my not being considered for employment or future termination if hired.

I understand that Family Building Blocks conducts pre-employment drug testing and a criminal history check.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_