

FIVE COUNTY CHILD DEVELOPMENT PROGRAM, INC.

An Equal Opportunity Employer

APPLICATION FOR EMPLOYMENT

FCCCP does not discriminate on the basis of race, color, religion, age, sex, national origin, disability status, genetics, protected veteran status, sexual orientation, gender identity, or any other characteristic protected by federal, state or local laws. It is our intention that all qualified applicants are given equal opportunity and that selection decisions be based on job-related factors.

Each question should be fully and accurately answered. Incomplete information could disqualify you from further consideration. Please complete all fields. Use blank paper if you do not have enough room on this application. PLEASE TYPE OR PRINT, Except for signature on paper application.

Last Name	First Name	Middle Initial
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Present Street Address	City	State	Zip
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Phone Number(s) Home or Mobile (Best Contact Number)	E-mail Address
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Job Applying For: _____ Today's Date: _____

How did you learn about this position? ___ Newspaper ___ Employment Agency ___ Friend ___ Inquiry ___ Relative ___ Other

Employment you are seeking: Full-time___ Part-time___ Temporary___ When could you start? _____

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation?
___ Yes ___ No

Are you eligible to work in the U.S? ___ Yes ___ No

Are you at least 18 years or older? (If no, you may be required to provide authorization to work.) ___ Yes ___ No

Have you ever filed out an application with us before? ___ Yes ___ No
If yes, give date _____

Have you ever been employed with us before? ___ Yes ___ No
If yes, give date _____

Have you ever been convicted of any law violations (except for minor traffic violations)? ___ Yes ___ No
If yes, please provide details _____

(A "yes" answer does not automatically disqualify you from employment, since the nature of the offence, date and job for which you are applying for will also be considered).

Do any of your friends or relatives, other than spouse, work with FCCDP? ___ Yes ___ No
If yes, state name, relationship and location: _____

Are you currently employed? ___ Yes ___ No

May we contact your present employer? ___ Yes ___ No

Do you have a valid driver's license? ___ Yes ___ No
If yes, provide Driver's License Number _____ Class of License _____

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EDUCATION	NAME & LOCATION	COURSE OF STUDY	YEARS COMPLETED	DIPLOMA/DEGREE
High School				
Undergraduate (College)				
Graduate/Professional				
Other (Specify)				

EMPLOYMENT HISTORY Include your last seven (7) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time. *Incomplete information could disqualify you from further consideration.*

From	To	Employer Name	Telephone
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Reason for leaving			
From	To	Employer	Telephone
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Reason for leaving			
From	To	Employer	Telephone
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Reason for leaving			
From	To	Employer Name	Telephone
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Reason for leaving			

Comments: Include explanation of any gaps of employment

Describe any specialized certifications, license, training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States Military

Additional Information – Please list qualifications (summarize special job-related and qualifications acquired from employment and other experiences).

REFERENCES

Give the names of three persons not related to you, whom you have known at least three (3) years.

Name	Address, Phone, Email	Occupation	Years Acquainted
1			
2			
3			

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize and agree to cooperate in a thorough investigation of all statements made herein and other matters relating to my background and qualifications. I understand that any investigation conducted may include a request for employment and educational history, credit reports, consumer report, investigative consumer reports, driving record, and criminal history. I authorize any person, school, current and former employer, consumer reporting agency, and any other organization or agency to provide information relevant to such investigation and I hereby release all persons and corporations requesting or supplying information pursuant to such investigation from all liability or responsibility to me for doing so. I understand that I have the right to make a written request within a reasonable period of time for complete disclosure of the nature and scope of any investigation. I further authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the job for which I am being considered or any future job in the event that I am hired.

I understand that compliance with the Agency's Code of Conduct is a condition of my employment. Also, I understand that I am required to abide by all rules and regulations of the employer.

I understand I may be required to successfully pass a drug-screening examination. I hereby consent to a pre-and/or post-employment drug and alcohol screen as a condition of my employment, if required.

I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GURANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME.

I have read, understand and by my signature consent to these statements.

Signature: _____ Date: _____

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1118 Third Street or P.O. Box 1195

Prentiss, MS 39474

601-792-5191 Fax: 601-792-4438

To: _____

The applicant designated below has named you as a former or present employer and/or personal reference. We would appreciate you completing the following information and returning it to us as soon possible. This information will be used in the selection process and will become part of the applicant/file.

Applicant's Name: _____

Positions applied: _____

I hereby authorized the release of the below requested information and release all parties from any liability that may result from furnishing such information.

Applicant's Signature

Date

Date of Employment: FROM _____ TO _____

Occupation: _____

Reason for Leaving _____

Rate of pay annually _____

Mark with a check or X that best describes applicant's conduct.

CONDUCT	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	UNSATISFACTORY
Attendance				
Honesty				
Cooperation				
Dependability				
Initiative				
Courtesy				
Quality of Work				
Quantity of Work				
Neatness and Appearance				
Ability to Learn				
Ability to Work with Others				

Eligible for rehire? ___ Yes ___ No

If no, please explain _____

Would you recommend that we employ? ___ Yes ___ No

If no, please explain _____

Do you believe it would be advisable to discuss this applicant further with you by telephone? ___ Yes ___ No

Comments: _____

Signature: _____ Title: _____ Date: _____

Please find enclosed a stamped addressed envelope, to return form. Thank you for your assistance.