



Central Valley Children's Services Network

1911 N Helm Avenue, Fresno CA 93727

Phone: (559) 456-1100

FAX: (559) 475-7265

<https://www.cvcn.org>

Employment Application

PART I PERSONAL				
First name		Middle name	Last name	Telephone
SSN (Voluntary for I.D. Only)	Street address		City	State Zip Code
Are you 18 years of age or older?		<input type="checkbox"/> No <input type="checkbox"/> Yes	Date of last physical exam	Date of last TB test
Have you ever been employed under a different name?		<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, please list all names used	
Do you possess a valid California Driver's License?		<input type="checkbox"/> No <input type="checkbox"/> Yes	DL Number	
Has your Driver's License ever been suspended or revoked?		<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, please explain	
First name of nearest living relative		Last name	Telephone	Relationship
Street address (including apartment no.)			City	State Zip

PART II POSITION APPLYING FOR		
Job Title	Salary Desired	Date available for employment
Hours of availability (use am / pm designations)		

PART III PREVIOUS EMPLOYMENT (List most recent experience first. If additional space is required, please attach separate page.)			
Name of previous employer (1 - most recent)		Industry	Telephone
Street address (include suite no. if applicable)		City	State Zip
Job Title	Reason for leaving	Date started	Date ended
Name of previous employer (2)		Industry	Telephone
Street address (include suite no. if applicable)		City	State Zip
Job Title	Reason for leaving	Date started	Date ended
Name of previous employer (3)		Industry	Telephone
Street address (include suite no. if applicable)		City	State Zip
Job Title	Reason for leaving	Date started	Date ended

PART IV EDUCATION				
Are you a High School graduate? <input type="checkbox"/> No <input type="checkbox"/> Yes		If No, are you currently enrolled in the High School completion course? <input type="checkbox"/> No <input type="checkbox"/> Yes		If Yes, give expected completion date?
College (1)	City/State	Major	Years completed	Degree/Certificate or exp. grad date
College (2)	City/State	Major	Years completed	Degree/Certificate or exp. grad date
College (3)	City/State	Major	Years completed	Degree/Certificate or exp. grad date

PART V EMPLOYMENT-RELATED EDUCATION COURSES				
Course Title	Name of School or Organization	Currently enrolled?	Units Completed	Date completed
		<input type="checkbox"/> No <input type="checkbox"/> Yes		
		<input type="checkbox"/> No <input type="checkbox"/> Yes		
		<input type="checkbox"/> No <input type="checkbox"/> Yes		
		<input type="checkbox"/> No <input type="checkbox"/> Yes		
		<input type="checkbox"/> No <input type="checkbox"/> Yes		
		<input type="checkbox"/> No <input type="checkbox"/> Yes		
		<input type="checkbox"/> No <input type="checkbox"/> Yes		
		<input type="checkbox"/> No <input type="checkbox"/> Yes		
		<input type="checkbox"/> No <input type="checkbox"/> Yes		

PART VI REFERENCES				
First name (Reference 1)	Last name	Telephone	Relationship (friend, employer, etc.)	
Street address (including apartment no.)		City	State	Zip
First name (Reference 2)	Last name	Telephone	Relationship (friend, employer, etc.)	
Street address (including apartment no.)		City	State	Zip
First name (Reference 3)	Last name	Telephone	Relationship (friend, employer, etc.)	
Street address (including apartment no.)		City	State	Zip

PART VII PROFESSIONAL AND TECHNICAL QUALIFICATIONS
Professional and/or technical qualifications (1)
Professional and/or technical qualifications (2)

PART VIII

NOTES

Any additional notes or comments for this application?

Initial

I hereby certify under penalty of perjury that the above statements are true and correct. I give my permission for any necessary verifications.

Initial

This is not a guarantee of employment.
Central Valley Children's Services Network is an Equal Opportunity Employer. We do not discriminate on the basis of race, color, national origin, sex, gender, marital status, disability, age, religion, veteran status or any other reason.

Signature of Applicant	Date
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