

**THE CHILDREN'S CABINET, INC.**  
**1090 S. Rock Blvd.**  
**Reno, Nevada 89502**

**APPLICATION FOR EMPLOYMENT**  
Please Print

Last Name	First Name	Middle Initial
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Address	City	State	Zip	Phone Number
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**Position Applied For:** \_\_\_\_\_

**Employment History:** Begin with current or last job. Include military service assignments. If you include volunteer activities, you may exclude organizations that indicate race, color, religion, national origin, disability, or other protected status. If you need additional space use a separate sheet of paper.

From	To	Employer Name	Address	City/State	Zip	Phone
Job Title		Duties:				
Supervisor						
Hourly/Salary						
Start/Final		Reason for leaving _____				

From	To	Employer Name	Address	City/State	Zip	Phone
Job Title		Duties:				
Supervisor						
Hourly/Salary						
Start/Final		Reason for leaving _____				

From	To	Employer Name	Address	City/State	Zip	Phone
Job Title		Duties:				
Supervisor						
Hourly/Salary						
Start/Final		Reason for leaving _____				

From	To	Employer Name	Address	City/State	Zip	Phone
Job Title		Duties:				
Supervisor						
Hourly/Salary						
Start/Final		Reason for leaving _____				

**EDUCATION**

Years Completed (Please Circle): 6 7 8 9 10 11 12 14 16 18 19 20 20+

Please list colleges/universities or trade/professional schools attended:

Name of School	Location		Diploma/Degree

List Special Job-Related Skills and Qualifications From Employment or Other Experience:

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Because we work with some clients/visitors whose primary language is not English, we are interested to know if you possess any skills in foreign languages. Unless otherwise stated as a specific job requirement, the ability to read, write or speak in a language other than English is not necessarily a job requirement.

Foreign Languages	Fluent	Good	Fair
Speak	_____	_____	_____
Read	_____	_____	_____
Write	_____	_____	_____
	<b>Other</b>		

May we contact your present employer? \_\_\_No \_\_\_Yes

Are you able to perform the essential functions of the job for which you are applying, with or without accommodation? \_\_\_No \_\_\_Yes

Have you ever been convicted of a crime other than a misdemeanor traffic violation? \_\_\_No \_\_\_Yes If yes, when, where and what was the disposition of the case?

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If hired, can you provide verification of your legal right to work in the United States? \_\_\_Yes \_\_\_No

**References Other Than Previous Employers or Relatives**

Name Address Phone Number

Name Address Phone Number

Name Address Phone Number

**APPLICANT'S ACKNOWLEDGEMENT**

I certify that answers given in this application are true and complete to the best of my knowledge. I authorize investigation into all statements I have made on the application as may be necessary for reaching an employment decision.

In connection with this application and in the future, as deemed appropriate, I authorize the Children's Cabinet, Inc. and/or agents to investigate all statements in this application and attachments to it, to interview individuals including, but not limited to; present and past employers, to review my driving record, criminal convictions, education, residence and character, etc. unless such information is restricted by law. I understand that only that information which is pertinent to the position for which I have applied and, if hired for my continued employment at The Children's Cabinet, Inc. will be considered. I authorize this document to serve as my authorization to any persons, companies, government agencies, educational institutions and any other entities to release them and The children's Cabinet, Inc from and liability.

In the event, I am hired by The Children's Cabinet, Inc. I understand that employment is "at will" and that my employment may end with or without cause, and with or without notice at any time, at my, or the Cabinet's option.

I understand that any job offer is contingent upon successful completion of a background check and my application will immediately be rejected or, if employed, I will be immediately discharged for providing false information in the application or omitting material information requested. I further understand and agree to submit to pre-employment fingerprinting if requested by the Cabinet.

I understand and agree that any dispute, controversy or claim arising out of or relating to my application for employment, (employment or termination of employment) with the Children's Cabinet, Inc. shall be resolved by binding arbitration, pursuant to the rules and procedures of the American Arbitration Association and conducted in a private manner in Washoe County, Nevada. All expenses of arbitration shall be borne equally by the parties, and all legal fees shall be borne by the party incurring said fees.

I certify that I have reviewed and understand the above statement.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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