

Child Welfare  
League  
of  
America

**CWLA**

Application for Employment

The  
**Child Welfare League of America**

is the  
nation's oldest and largest  
membership-based  
child welfare organization.  
We are committed to  
engaging people  
everywhere in  
promoting the  
well-being of children, youth,  
and their families,  
and protecting every  
child from harm.

# CHILD WELFARE LEAGUE OF AMERICA, INC.

APPLICATION FORM

PLEASE PRINT

Position Applied For \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

The Child Welfare League of America (CWLA) considers all applications for employment without regard to race, color, religion, sex, national origin, age, disability, sexual orientation, or any other legally protected status under federal law. In addition, CWLA complies with applicable state and local laws prohibiting discrimination in employment. We also provide reasonable accommodation to individuals with a disability in accordance with applicable laws. If you need reasonable accommodation in conjunction with the application and/or interview, please let us know.

▲ NAME \_\_\_\_\_ ▲ SOCIAL SECURITY NO. \_\_\_\_\_

▲ CURRENT ADDRESS \_\_\_\_\_ ▲ APARTMENT NO. \_\_\_\_\_

▲ CITY/STATE/ZIP \_\_\_\_\_

▲ TELEPHONE NO. \_\_\_\_\_

▲ REFERRED BY \_\_\_\_\_

How Did You Learn About Us?

- Advertisement    Friend    Employee    Walk-in    Website    Employment Agency    Relative  
 Other \_\_\_\_\_

If you are under 18, can you provide required proof of your eligibility to work?    Yes    No

Do you want to work    Full-Time    Part-Time

Specify days and hours you are available: \_\_\_\_\_

May we contact your current employer?    Yes    No

Are you willing to work overtime as necessary?    Yes    No

Date you can start: \_\_\_\_\_ Salary/Hourly wage desired: \_\_\_\_\_

Have you ever been employed by us?    Yes    No   If yes, when? \_\_\_\_\_

Have you been convicted of a crime in the last seven years?\*

- Yes    No   If yes, state the nature of the offense, when, where, and disposition. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Driver's license number and state (if driving is part of the job for which you are applying): \_\_\_\_\_

Are you currently authorized to work in the United States?    Yes    No

*Proof of authorization to work will be required upon employment.*

Name of any relative currently employed by CWLA: \_\_\_\_\_

\* A conviction record will not necessarily preclude employment. Each instance and explanation will be considered in relation to the position for which you are applying. You may omit sealed or expunged criminal offenses.

# EMPLOYMENT HISTORY

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Provide the following information for your current and former employers, starting with the most recent. Account for your entire employment history and any gaps in your employment. Attach a separate sheet if you need more space.

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▲ FROM \_\_\_\_\_ ▲ TO \_\_\_\_\_ ▲ JOB TITLE \_\_\_\_\_

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▲ EMPLOYER \_\_\_\_\_ ▲ TELEPHONE \_\_\_\_\_

---

▲ ADDRESS/CITY/STATE/ZIP \_\_\_\_\_

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▲ IMMEDIATE SUPERVISOR & TITLE \_\_\_\_\_

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▲ SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES \_\_\_\_\_

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▲ REASON FOR LEAVING \_\_\_\_\_

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HOURLY RATE/SALARY START \$ \_\_\_\_\_ PER \_\_\_\_\_ FINAL \$ \_\_\_\_\_ PER \_\_\_\_\_

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▲ FROM \_\_\_\_\_ ▲ TO \_\_\_\_\_ ▲ JOB TITLE \_\_\_\_\_

---

▲ EMPLOYER \_\_\_\_\_ ▲ TELEPHONE \_\_\_\_\_

---

▲ ADDRESS/CITY/STATE/ZIP \_\_\_\_\_

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▲ IMMEDIATE SUPERVISOR & TITLE \_\_\_\_\_

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▲ REASON FOR LEAVING \_\_\_\_\_

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HOURLY RATE/SALARY START \$ \_\_\_\_\_ PER \_\_\_\_\_ FINAL \$ \_\_\_\_\_ PER \_\_\_\_\_

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▲ FROM \_\_\_\_\_ ▲ TO \_\_\_\_\_ ▲ JOB TITLE \_\_\_\_\_

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▲ EMPLOYER \_\_\_\_\_ ▲ TELEPHONE \_\_\_\_\_

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▲ ADDRESS/CITY/STATE/ZIP \_\_\_\_\_

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▲ IMMEDIATE SUPERVISOR & TITLE \_\_\_\_\_

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▲ SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES \_\_\_\_\_

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▲ REASON FOR LEAVING \_\_\_\_\_

---

HOURLY RATE/SALARY START \$ \_\_\_\_\_ PER \_\_\_\_\_ FINAL \$ \_\_\_\_\_ PER \_\_\_\_\_

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Have you ever been subject to any formal administrative disciplinary action by your employer (including military service)?

Yes  No If yes, please explain the nature of the action and its outcome: \_\_\_\_\_

## SKILLS AND QUALIFICATIONS

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Summarize any training, skills, licenses, and/or certificates that you feel especially qualify you for the job for which you are applying:

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### SPECIALIZED SKILLS (SKILLS AND EQUIPMENT OPERATED)

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PC     MAC     Spreadsheet     Word Processing (WPM \_\_\_\_\_ )     Database Applications

Software programs and other machinery (list all you know how to use): \_\_\_\_\_

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## EDUCATIONAL BACKGROUND

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NAME AND LOCATION	COURSE OF STUDY	YEARS COMPLETED	DID YOU GRADUATE?
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▲ HIGH SCHOOL	_____	_____	_____
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▲ COLLEGE MAJOR /DEGREE	_____	_____	_____
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▲ OTHER	_____	_____	_____
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Have you ever been the subject of any formal disciplinary proceeding conducted by an educational institution?

Yes     No    If yes, please explain the nature of the proceeding and its outcome: \_\_\_\_\_

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## REFERENCES

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Do not include relatives or former immediate supervisors. We reserve the right to contact persons other than those listed below.

NAME AND TITLE	ADDRESS	TELEPHONE	YEARS KNOWN
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▲ 1.	_____	_____	_____
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▲ 2.	_____	_____	_____
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▲ 3.	_____	_____	_____
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## OBLIGATIONS TO PREVIOUS EMPLOYERS

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Are you subject to a confidentiality agreement, trade secret agreement, noncompete agreement, or other similar restriction that could impact your employment with us if hired?

Yes     No    If yes, please explain: \_\_\_\_\_

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## APPLICANT'S STATEMENT

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I certify that the answers given herein are true and complete.

I authorize investigation of all statements contained in this application, my resume, or other materials or information provided by me.

I authorize and request that all of my present and former employers and those individuals I have listed as references furnish information about my employment, work performance, abilities, and other qualities pertinent to my qualifications for employment, whether favorable or unfavorable, hereby releasing them from any and all liability for damages arising from furnishing the requested information.

This application is current for only 90 days. At the conclusion of this time, if I have not heard from CWLA and still wish to be considered for employment, it will be necessary for me to fill out a new application. If hired, I hereby acknowledge and understand that I am free to resign at any time, with or without cause and without prior notice, and that CWLA reserves the same right to terminate my employment at any time, with or without cause and without prior notice. I understand that no manager or representative of CWLA, other than the Executive Director, has any authority to enter into any agreement with me for employment for any specified period of time or duration, or to make any assurances different from or contrary to any CWLA policy. I further understand that any such agreements or assurances, if made, must be in writing and signed by me and the Executive Director to be enforceable.

If hired, I understand that false or misleading information given in my application, resume or other materials, or interview(s) may result in discharge whenever it is discovered. I also agree to comply with all CWLA policies, rules, and procedures.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

# APPLICANT DATA SURVEY—VOLUNTARY INFORMATION

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COMPLETION OF THIS FORM IS VOLUNTARY

To be completed by applicant on a voluntary basis. Not for interview purposes. To be filed separately from application.

In an effort to comply with government recordkeeping and reporting requirements and other legal obligations that may apply, we invite you to complete this applicant data survey. Providing this information is STRICTLY VOLUNTARY. Failure to complete this form will have no impact on our consideration of your application for employment.

Please be advised that this survey is not part of your application for employment. It will not be used in any hiring decision. The information will be kept confidential in accordance with applicable laws and regulations.

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How did you learn about us?

- Advertisement    Friend    Employee    Walk-in    Website    Employment Agency    Relative  
 Other \_\_\_\_\_

Please check one or more of the following Equal Employment Opportunity identification groups:

- American Indian/Alaskan Native    Asian/Pacific Islander    Black (not of Hispanic origin)  
 Hispanic    White (not of Hispanic origin)

## FOR ADMINISTRATIVE USE ONLY

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Position(s) applied for:  Available    Not Available

Other positions considered for: \_\_\_\_\_

Hired:  Yes    No

Position hired for: \_\_\_\_\_ Date of hire: \_\_\_\_/\_\_\_\_/\_\_\_\_

From the EEO job classifications listed below, which one best describes the position filled?

- Officials and Managers    Operatives (semi-skilled)    Professionals    Laborers (unskilled)  
 Technicians    Service Workers    Sales Workers    Craft Workers (skilled)  
 Office and Clerical Workers

Completed by: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



Child Welfare League of America  
HEADQUARTERS  
440 First Street NW, Third Floor  
Washington, DC 20001-2085  
202/638-2952 • Fax 202/638-4004 • [www.cwla.org](http://www.cwla.org)