Edgewood/Brookland Family Support Collaborative Employment Application

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DOCITION ADDIVING FOD	
POSITION APPLYING FOR	

CONTACT INFORMATION		
NAME		
ADDRESS		
PHONE	WORK	
E-MAIL ADDRESS		

RESIDENCY		
Are you a resident of the E/BFSC serving area? □ YES	5 🗆 NO	
Number of years living and or/working in the area?		

EDUCATION AND TRAINING

Are you a high school grad	uate? ("YES" if you have	a GED)	□ NO
Indicate degrees obtained (AA, BA, MSW, etc.)			
Degree	College or University		
Major		Minor	
Degree	College or University		
Major		Minor	

EDUCATION AND TRAINING (continued)

Please list any relevant training, certificates, licenses or other education relevant to this position. Include year, school, license, credit hours, etc.

WORK EXPERIENCE- Beginning with the most recent (List paid or unpaid experience relevant to the position for which you are applying)

Employer	
Supervisor	
Dates of Employment	Salary
Reason for leaving position	
Employer	
Position	
Supervisor	Phone Number
Dates of Employment	Salary
Reason for leaving position	
Employer	
Supervisor	
Dates of Employment	Salary
Reason for leaving position	

Please attach resume and/or add additional sheets of paper if necessary.

What are your current salary requirements?

Background Information		
E/BFSC takes every precaution to ensure that children and families with our program remain in safe and secure situations. For this reason, all employees are required to obtain a Police Clearance and a Child Protection Registry Clearance before working with the agency. Other Background checks may be completed as necessary. Given our mission and public trust required, we reserve the right to decline employment if these clearances are not produced.		
Do you have proof of a current Police Clearance? YES NO		
Do you have proof of a current Child Protection Registry Clearance? VES NO		
Do you have a valid driver's license? YES NO 		

References Please list three (3) references, including at least two (2) employment references.		
Name	Phone Number	
Relationship	_	
Name	Phone Number	
Relationship	_	
Name	Phone Number	
Relationship	-	

Signature

I certify that, to the best of my knowledge and belief, the responses on this form are true and complete. I consent to the release of information regarding my suitability for employment with E/BFSC by employers, schools, law enforcement agencies, and other organizations and individuals to the Edgewood/Brookland Family Support Collaborative.

Signature

Date