



**Victim Services**  
VIOLENCE PREVENTION & CRISIS INTERVENTION

# Employment Application

## Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Are you a citizen of the United States? YES  NO  If no, are you authorized to work in the U.S.? YES  NO

Have you ever worked for this company? YES  NO  If yes, when? \_\_\_\_\_

Have you ever been convicted of a felony? YES  NO

If yes, explain: \_\_\_\_\_

## Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

## References

*Please list three professional references.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**Previous Employment**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO

**Military Service**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

**Disclaimer and Signature**

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

*In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause and with or without notice, at any time, by me or the company's option. I also understand and agree that the terms and conditions of my employment maybe changed, with or without cause and with or without notice, at any time by the company. I understand that no company representative has any authority to enter into any agreement for employment for any specific period or to make any agreement contrary to the foregoing.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Pre-employment Background Check**

Victim Services of Cullman requires that each employee and all volunteers be screened for criminal history.

Do you agree to have a criminal background check run?

Yes or No

Do you agree to be fingerprinted if asked?

Yes or No

Have you ever been convicted of a felony or any crime involving a moral turpitude?

Yes or No

If yes, please explain:

Has any member of your immediate family been convicted of a felony or any crime involving a moral turpitude?

Yes or No

If yes, please explain:

**Please provide the following information:**

This information is needed to ensure that we have the correct information to complete your background check.

Social Security Number:

\_\_\_\_\_

Date of Birth:

\_\_\_\_\_

Driver's License Number:

\_\_\_\_\_

Race:

\_\_\_\_\_

Do we have permission to do a criminal background check using the above information?

Yes or No

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Name (Please Print)

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Name (Please Print)

# Victim Service of Cullman, Inc. Background Check Information

This information page is required to ensure that we have the correct information to obtain a successful background check.

Please give the following information:

Full Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Race/Ethnicity: \_\_\_\_\_

Do we have permission to do a criminal check using the above information?

\_\_\_ Yes \_\_\_ No

Signature \_\_\_\_\_

Date \_\_\_\_\_

Witness \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_

**ALABAMA DEPARTMENT OF HUMAN RESOURCES  
CHILD ABUSE / NEGLECT (CA/N) CENTRAL REGISTRY CLEARANCE**

**PRINT OR TYPE** in black or blue ink. Additional information regarding the CA/N Central Registry is on the back of this form.

**\*\* See instructions for the address to use when submitting this form. \*\***

Requesting Person or Agency/Organization		Check All That Apply
Mailing Address		<input type="checkbox"/> Child Placing Agency
		<input type="checkbox"/> Residential Child Care Facility
		<input type="checkbox"/> Child Day / Night Care Center
Telephone Number (      )	Email:	<input type="checkbox"/> Family Day / Night Care Home
<b>PRINT</b> Requestor's Name		<input type="checkbox"/> Exempt Child Day Care Center
Requestor Signature	Date	<input type="checkbox"/> Medicaid Rehab. Provider DHR Vendor
Witness Signature	Date	<input type="checkbox"/> Other (Please Specify)

The person whose name and identifying information, printed or typed below, will provide **unsupervised care and supervision of children** as an  employee  volunteer  other. This person's specific job/role is or will be:

\_\_\_\_\_

\_\_\_\_\_

Name \_\_\_\_\_ Sex  Male  Female Race \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First Middle

Current Mailing Address \_\_\_\_\_

Alias, Maiden & Prior Married Name(s) \_\_\_\_\_

Name & DOB of Spouse & Former Spouse(s) \_\_\_\_\_

Name & DOB of Children / Stepchildren \_\_\_\_\_

Alabama counties where person has lived and/or worked \_\_\_\_\_

**Attach additional pages as needed to provide all information requested above.**

**To be completed by person being cleared**

I authorize the Alabama Department of Human Resources to release information contained in the Child Abuse / Neglect Central Registry about me to the above named person/agency/organization. I hereby waive any right to any review or hearing to which I may otherwise be entitled. I further release the Department of Human Resources, its officers, and employees from any and all claims arising out of or in any way connected to the release or dissemination of any information concerning me.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Signature of Witness \_\_\_\_\_ Date \_\_\_\_\_

**To be completed by DHR**

A search of the Alabama Child Abuse / Neglect Central Registry has been completed with the information provided to determine if the person identified above has been named as being responsible for child abuse or neglect in Alabama. DHR releases only that information which is necessary to discover or prevent child abuse / neglect.

Substantiated report (i.e., indicated) located. See attached information.

Type Report:  Physical Abuse  Neglect  Sexual Abuse  Mental Abuse / Neglect

No report located.

Request Denied \_\_\_\_\_

Other \_\_\_\_\_

Office of Child Protective Services

Date Completed