

CHILDREN'S RESOURCE CENTER
558 EAST 2ND STREET
P.O. BOX 1191
POWELL, WY 82435
307-754-2864

APPLICATION FOR EMPLOYMENT

Application for the position of: _____
(position must be stated)

Name: _____ Phone No.: _____

Address: _____ City, State & Zip: _____

JOB REQUIREMENTS:

I understand the position description for the above position. I understand the physical and emotional demands of the essential functions of the position. I also understand the environments in which these essential functions might be performed.

_____ I am able to perform the essential functions of the position, as defined in the position description, without presenting a danger to either myself or my co-workers, with or without reasonable accommodations.

_____ I am unable to meet the physical or emotional demands of the essential functions of the position. However, I would like to be considered should a less demanding position become available. I understand that I may define my limitations to facilitate such consideration, but that I have no obligation to do so.

1. Are you over 18 years of age? Yes ____ No ____

2. Have you been convicted of a felony? Yes ____ No ____

If yes, please explain: _____

3. In case of an emergency, name of person to notify: _____

Address: _____ City, State, Zip: _____ Phone No.: _____

4. EDUCATIONAL EXPERIENCE:

High School and/or Higher Education _____ Diploma/Equivalent Degree _____ Major _____

5. If you are applying for a position such as speech therapist, occupational therapist, physical therapist, classroom or special education teacher, special education consultant, are you currently certified, licensed or registered in your profession? Yes ____ No ____

If yes, Type of certification: _____ Number: _____

Expiration Date: _____

6. Have you had experience in dealing with children with the following disabilities?

- | | | | | |
|-------------------------------|-----|-----|----|-----|
| 1. Cerebral Palsy | Yes | ___ | No | ___ |
| 2. Mental retardation | Yes | ___ | No | ___ |
| 3. Epilepsy | Yes | ___ | No | ___ |
| 4. Speech and Language Delays | Yes | ___ | No | ___ |
| 5. Perceptual-Motor Delays | Yes | ___ | No | ___ |
| 6. Attention-Deficit Disorder | Yes | ___ | No | ___ |
| 7. Visually Impaired | Yes | ___ | No | ___ |
| 8. Hearing Impaired | Yes | ___ | No | ___ |
| 9. Other: _____ | | | | |

7. Have you had experience in the following?

- | | | | | |
|---------------------------------|-----|-----|----|-----|
| 1. Behavior management programs | Yes | ___ | No | ___ |
| 2. Home Based programs | Yes | ___ | No | ___ |
| 3. Parent involvement programs | Yes | ___ | No | ___ |
| 4. Recreational programs | Yes | ___ | No | ___ |
| 5. Multi-disciplinary teams | Yes | ___ | No | ___ |
| 6. Other: _____ | | | | |

8. References: YOU MUST GIVE COMPLETE ADDRESSES AND/OR PHONE NUMBERS FOR YOUR REFERENCES OR THE APPLICATION WILL NOT BE CONSIDERED. (Do not use relatives as references.)

1. Name: _____
Address: _____ Phone No. _____
2. Name: _____
Address: _____ Phone No. _____
3. Name: _____
Address: _____ Phone No. _____

****Please attach a resume to this application.**

9. Are you willing to travel within the boundaries of Region I: Park, Big Horn Washakie and Hot Springs Counties? Yes ___ No ___

10. Are you willing to use your car with the understanding that you would receive mileage reimbursement? Yes ___ No ___

11. Are you willing to attend out-of-town workshops for continuing education? Yes ___ No ___

12. May we communicate with your present employer now? Yes ___ No ___

13. List past five (5) years' states of residency and tenure in each state (separate with commas):

e.g. Utah: 2012 to 2014, etc.

14. EMPLOYMENT HISTORY: Start with your present or last job. Account for periods of time.

Employer:	Responsibilities:
Address:	Phone:
Date Started:	Initial Position
Date Left:	Final Position
Name & Title of Supervisor:	
Reason For Leaving:	

Employer:	Responsibilities:
Address:	Phone:
Date Started:	Initial Position
Date Left:	Final Position
Name & Title of Supervisor:	
Reason For Leaving:	

Employer:	Responsibilities:
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Date Started:	Initial Position
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Date Started:	Initial Position
Date Left:	Final Position
Name & Title of Supervisor:	
Reason For Leaving:	

I hereby authorize Children’s Resource Center/Special Touch Preschool to contact prior employers to obtain any and all information related to my past work experience.

Signature: _____ Date: _____

AN EQUAL OPPORTUNITY EMPLOYER
EQUAL EMPLOYMENT OPPORTUNITY POLICY STATEMENT

It is Children's Resource Center/Special Touch Preschool's policy to provide equal employment opportunity to all individuals without regard to race, color, religion, sex, age, national origin, or disability and to prohibit harassment based upon these factors, and to ensure that retaliation or discrimination does not occur if any employee reports violation of federal, state, or local laws.

This policy applies to recruitment, hiring, training, promotion, demotion, termination, compensation, benefits, and all other aspects of employment.

Each employee is hereby advised that discrimination of any type will not be tolerated by Children's Resource Center/Special Touch Preschool. All employees may report any complaints or possible violations to the Executive Director who is charged with the investigation and resolution with appropriate confidentiality.

Each supervisor, and employee within the organization is charged with the enforcement of this policy and the implementation of these programs within his or her area of responsibility.

I UNDERSTAND AND AGREE THAT:

1. Any material misrepresentation or deliberate omission of a fact in my application may be justification for refusal of, or if employed, termination from employment.
2. I understand that the Center may make a thorough investigation of my entire work and personal history and may verify all data given in my application for employment, related papers or oral interviews. I authorize such an investigation and the giving and receiving of any information requested by the Center and I release from liability any person giving or receiving any such information. I understand that falsification of data so given or other derogatory information discovered as a result of this investigation may prevent my being hired, or if hired, may subject me to immediate dismissal.
3. I agree that my employment may be terminated by the Center at any time without liability for wages or salary except such as may have been earned at the date of such termination if job performance standards are not met. I understand and agree that I may be required to submit a physician's statement, at my expense, at any time to determine if I am physically fit for the job I am to perform.
4. Every effort is made to accommodate employee preferences and needs, however, Center policies and needs may at times, require time after regular working hours to conduct business, attend employee meetings or training which, due to the nature of the Center's business cannot be accomplished during regular working hours. Depending on the nature of the after hours time, reimbursement or other compensation is determined by the Administrator.
5. I further understand that this is an application for employment, that no employment contract is being offered; that completion of the application does not indicate that there are any positions open and does not obligate the Center. I understand that if I am employed, such employment is for a definite contracted period of time and that the Center can change wages, benefits, staff requirements and conditions the following year. Any employee applying for employment with CRC/STP is subject to at-will provisions, unless a contract is provided and entered into by and between CRC and the potential employee.

I certify that the information given in this application is correct, and I acknowledge that I have read and understand Children's Resource Center/Special Touch Preschool's Equal Employment Opportunity Policy Statement, shown above.

Signature: _____ Date: _____