



**AMERICAN CHILDREN'S HOME**  
Application for Employment (Intern)

**Personal Information:**

Today's date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Current Address: \_\_\_\_\_  
Street  
City State Zip

Email Address: \_\_\_\_\_ Position applied for: \_\_\_\_\_

Social Security No: \_\_\_\_\_ Driver's License No: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Have you ever been convicted of a misdemeanor or felony? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever had a substantiated report of child abuse/neglect and or been convicted of child abuse or a crime involving actual or attempted sexual molestation of a minor? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you legally authorized to work in the U.S. \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever worked for American Children's Home before? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, When \_\_\_\_\_  
Date Position

Special interests, Hobbies, Skills: \_\_\_\_\_  
\_\_\_\_\_

Community involvements and professional memberships: \_\_\_\_\_  
\_\_\_\_\_

**Availability:**

Date available for employment if hired: \_\_\_\_\_ I could work the following: (Check all that apply)

- 7 Days on duty and 7 days off duty       Full-Time       Part-Time       Temporary       Summer

**Employment History:**

**Please Note:** Since we will make every effort to contact previous employers' the correct telephone numbers of past employers are critical. List your most recent employment History first, use additional sheets if necessary. Explain any periods of unemployment or any gaps between employment.

Employer: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

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

Date Employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Work Performed: (Explain) \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

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

Date Employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Work Performed: (Explain) \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

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

Date Employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Work Performed: (Explain) \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

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

Date Employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Work Performed: (Explain) \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Education:**

<b>High School/ Years Completed 9 10 11 12</b>	<b>College or University</b>	<b>Graduate/Professional</b>
Name	Name	Name
Address	Address	Address
Highest grade completed	Highest grade completed	Highest grade completed
What year did you graduate	What year did you graduate	What year did you graduate

Are you currently enrolled in an education program school now? Yes \_\_\_\_ No \_\_\_\_ Where: \_\_\_\_\_

Course of Study \_\_\_\_\_ Expected Graduation Date \_\_\_\_\_

Please list any specialized trainings and seminars you have completed in the past two years.

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**Personal Refernces:**

Please list three individuals who have known you for at least one year. You must list the contact information.

<b>Type of Reference</b>	<b>Personal</b>	<b>Personal</b>	<b>Personal</b>
Name			
Address			
City			
State, Zip			
Phone Number			

**Attachments:**

1. Please attach a cover letter including statement of interest and position desired.
2. Provide a resume if not previously submitted.

**Agreement Statements and Signature:**

I understand and agree that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer’s service if I am employed. Furthermore, I understand that just as I am free to resign at any time, the American Children’s Home reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the American Children’s Home has the authority to make any assurance to the contrary.

If I am extended an offer of employment with American Children’s Home, I understand I will be required to successfully pass a pre-employment drug test screening.

I fully understand that if I fail any pre-employment drug test screening, any offer of employment will be withdrawn.

I authorize American Children’s Home to investigate pre-employment screenings and testings which may include but are not limited to: drug test, criminal background check, driving record, education and employment background. I hereby release employers, schools, or persons named above from all liability for any damages for releasing my information.

American Children’s Home is an Equal Opportunity Employer. The American Children’s Home does not discriminate in employment and no question on this application is used for the purpose of limiting or excluding any applicant’s consideration for employment on a basis prohibited by local, state or federal laws.

I understand that my submission of the application does not guarantee employment.

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

American Children’s Home  
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P.O. Box 1288  
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