

EXPERIENCE

*Please list your recent and relevant work experience beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.***

Name of Employer _____	City, State _____
Supervisor Name _____	Phone Number _____
Job Title _____	Date Began _____
	Date Ended _____
Reason for leaving (be specific) _____	
List jobs held, duties performed, skills learned, advancements, promotions, etc. while you worked at this company.	

Name of Employer _____	City, State _____
Supervisor Name _____	Phone Number _____
Job Title _____	Date Began _____
	Date Ended _____
Reason for leaving (be specific) _____	
List jobs held, duties performed, skills learned, advancements, promotions, etc. while you worked at this company.	

Name of Employer _____	City, State _____
Supervisor Name _____	Phone Number _____
Job Title _____	Date Began _____
	Date Ended _____
Reason for leaving (be specific) _____	
List jobs held, duties performed, skills learned, advancements, promotions, etc. while you worked at this company.	

MANDATORY REPORTING

As a potential employee of a family resource center, I realize that I may be a mandatory reporter of child abuse and neglect and with that I carry the responsibility to report all suspected or witnessed incidents of child abuse or neglect according to state law as described in C.R.S. 19-3-304.

Any caregiver or staff member in a family resource center who has reasonable cause to know or suspect that a child has been subjected to abuse or neglect or who has observed the child being subjected to circumstances or conditions that would reasonably result in abuse or neglect must immediately report or cause a report to be made of such fact to the county department of social services *in which the child resides* by calling 844-264-5437 or the local law enforcement agency.

If the suspected child abuse occurred at the family resource center, the report of suspected child abuse must be made to the county department of social services in the *county in which the childcare facility is located* by calling 844-264-5437 or the local law enforcement agency in the community.

If the suspected child abuse did not occur at the family resource center, the report of suspected child abuse must be made to the county department of social services in the *county in which the child resides* by calling 844-264-5437 or the local law enforcement agency in the community in which the incident is believed to have occurred.

We encourage you to learn the signs of child abuse and neglect and all of your obligations as a mandatory reporter of child abuse and neglect by visiting mandatoryreporters.co4kids.org.

Signature

Date

AFFIDAVIT, CONSENT AND RELEASE

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers, and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre and/or post-employment drug screen as a condition of employment, if required.

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE EXECUTIVE DIRECTOR HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE EXECUTIVE DIRECTOR AND THE EMPLOYEE. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.

I have read, understand, and by my signature consent to these statements.

Signature

Date