

# EDWARD C. MAZIQUE PARENT CHILD CENTER, INC.

1719 13<sup>TH</sup> STREET, NORTHWEST WASHINGTON, DC 20009 TEL. (202) 462-3375 FAX. (202) 552 - 2607

*Almeta R. Keys, M. Ed., M. Div.  
Chief Executive Officer*

## EMPLOYMENT APPLICATION

"AN EQUAL OPPORTUNITY EMPLOYER"

PLEASE ANSWER EVERY QUESTION IN FULL

PRINT OR TYPE

FOR OFFICIAL USE ONLY
NAME _____
POSTION _____

DATE:    /    /
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### I. GENERAL

Social Security Number: _____	
NAME _____	Male <input type="checkbox"/>
(LAST)                      (FIRST)                      (MIDDLE)	Female <input type="checkbox"/>
PRESENT ADDRESS _____	
NUMBER                      STREET                      APT. NUMBER                      CITY                      STATE                      ZIP CODE	
Cell Phone No. _____	Home Telephone No. _____
DATE OF BIRTH: _____	Are you a United States Citizen? _____
TYPE OF WORK DESIRED? _____	Minimum salary requirement: _____
HOW DID YOU HEAR ABOUT US? _____	Date available for work: _____
Give name and relationship of any family member currently working for this agency: _____	
E-Mail Address: _____	

### II. EDUCATION

Name & Location	Dates Attended (Month & Year)		Course or Major Field of Study	Year Graduated	Degree
Jr. High School					
High School					
Colleges Attended					
Secretarial, Business, Trade, Other					

### III. ADDITIONAL INFORMATION

HAVE YOU EVER BEEN CONVICTED OF AN OFFENSE?

(You can omit traffic violations with a fine of \$100, or any offense previous to your 18<sup>th</sup> birthday)

IF YES, EXPLAIN:

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DO YOU TYPE? \_\_\_\_\_ SPEED (WPM) \_\_\_\_\_ CAN YOU TAKE SHORTHAND? \_\_\_\_\_ SPEED (WPM) \_\_\_\_\_

WHAT OTHER OFFICE MACHINES CAN YOU OPERATE? \_\_\_\_\_

ADDITIONAL OFFICE SKILLS: \_\_\_\_\_

IS YOUR HEALTH GOOD? \_\_\_\_\_

ANY TYPE OF WORK WHICH YOUR PHYSICAL CONDITION PROHIBITS? \_\_\_\_\_

### IV. UNPAID EXPERIENCE OR VOLUNTEER WORK

CREDIT WILL BE GIVEN FOR UNPAID EXPERIENCE OR VOLUNTEER WORK SUCH AS IN COMMUNITY, CULTURAL, SOCIAL SERVICE, AND PROFESSIONAL ASSOCIATION ACTIVITIES. TO RECEIVE PROPER CREDIT YOU MUST SHOW ACTUAL TIME: LIST ALL VOLUNTEER WORK THAT YOU HAVE DONE OVER THE PAST 5 YEARS IN THE SPACES PROVIDED BELOW.

#### UNPAID OR VOLUNTEER WORK EXPERIENCE

COMMUNITY	DATES EMPLOYED	WHAT DID YOU DO?
NAME	From: Mo.    Yr.	
ADDRESS	To: Mo.    Yr.	
PHONE NO.		
NAME	From: Mo.    Yr.	
ADDRESS	To: Mo.    Yr.	
PHONE NO.		
NAME	From: Mo.    Yr.	
ADDRESS	To: Mo.    Yr.	
TELEPHONE NO.		
NAME	From: Mo.    Yr.	
ADDRESS	To: Mo.    Yr.	
TELEPHONE NO.		

## V. EMPLOYMENT RECORD

ALL QUESTIONS MUST BE ANSWERED IN FULL

THIS MUST INCLUDE FULL-TIME EMPLOYMENT, PART -TIME EMPLOYMENT, SELF EMPLOYMENT AND ALL PERIODS OF UNEMPLOYMENT, BEGIN WITH THE MOST RECENT EMPLOYMENT AND WORK BACK FOR A 5 YEAR PERIOD.

MAY WE CONTACT YOUR PRESENT EMPLOYER? \_\_\_\_\_

COMPANY NAME: _____ TEL. NO. _____ ADDRESS: _____ TYPE OF BUSINESS: _____ CITY & STATE: _____ ANNUAL SALARY/12 MONTH YEAR: _____ POSTION & DUTIES: _____ _____ SUPERVISOR NAME & TITLE: _____	DATE EMPLOYED DATE LEFT	REASON FOR LEAVING
COMPANY NAME: _____ TEL. NO. _____ ADDRESS: _____ TYPE OF BUSINESS: _____ CITY & STATE: _____ ANNUAL SALARY/12 MONTH YEAR: _____ POSTION & DUTIES: _____ _____ SUPERVISOR NAME & TITLE: _____	DATE EMPLOYED DATE LEFT	REASON FOR LEAVING
COMPANY NAME: _____ TEL. NO. _____ ADDRESS: _____ TYPE OF BUSINESS: _____ CITY & STATE: _____ ANNUAL SALARY/12 MONTH YEAR: _____ POSTION & DUTIES: _____ _____ SUPERVISOR NAME & TITLE: _____	DATE EMPLOYED DATE LEFT	REASON FOR LEAVING
COMPANY NAME: _____ TEL. NO. _____ ADDRESS: _____ TYPE OF BUSINESS: _____ CITY & STATE: _____ ANNUAL SALARY/12 MONTH YEAR: _____ POSTION & DUTIES: _____ _____ SUPERVISOR NAME & TITLE: _____	DATE EMPLOYED DATE LEFT	REASON FOR LEAVING
COMPANY NAME: _____ TEL. NO. _____ ADDRESS: _____ TYPE OF BUSINESS: _____ CITY & STATE: _____ ANNUAL SALARY/12 MONTH YEAR: _____ POSTION & DUTIES: _____ _____ SUPERVISOR NAME & TITLE: _____	DATE EMPLOYED DATE LEFT	REASON FOR LEAVING

**VI. PERSONAL REFERENCES**

GIVE THREE PERSONAL REFERENCES WHO ARE MATURE PERSONS, DO NOT INCLUDE RELATIVES, FORMER EMPLOYERS OR FELLOW EMPLOYEES

NAME	ADDRESS	BUSINESS TELEPHONE NO.	EMPLOYER

**RESERVE/NATIONAL GUARD**

ARE YOU AT PRESENT IN ANY ACTIVE OR INACTIVE RESERVE OR THE NATIONAL GUARD? (Y/N) \_\_\_\_\_  
IF YES, WHAT UNIT? \_\_\_\_\_

**TEACHING STATUS**

ARE YOU AT PRESENT LISTED ON ANY UNIVERSITY, COLLEGE FACULTY, OR TEACHING ROSTER? (Y/N) \_\_\_\_\_  
IF YES PLEASE PROVIDE THE NAME OF THE SCHOOL: \_\_\_\_\_  
DO YOU TEACH FULL-TIME OR PART-TIME? \_\_\_\_\_  
ARE YOU ABLE TO WORK PART-TIME FOR THE AGENCY? (Y/N) \_\_\_\_\_  
IF YES, PLEASE PROVIDE A SCHEDULE:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MY ANSWERS TO THE FORGOING QUESTIONS ARE TRUE. I HAVE NOT KNOWINGLY WITHHELD ANY FACTS OR CIRCUMSTANCES WHICH WOULD, IF DISCLOSED, AFFECT MY APPLICATION UNFAVORABLY. ANY DISCREPANCIES WILL RESULT IN REJECTION OF APPLICATION OR DISMISSAL FROM POSITION.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

## DECLARATION

PLEASE NOTE:

The information in this document will be held in strictest confidence. If you declare that you have been charged or convicted in any offense listed below you will not be automatically disqualified from being hired. YOUR CASE WILL BE REVIEWED AND ASSESSED AS TO THE RELEVANCE OF AN ARREST, CHARGE OR CONVICTION AND A FINAL DECISION WILL BE MADE.

Name of Applicant: \_\_\_\_\_

The list in this declaration includes the following:

- (1) All pending and prior criminal arrests and charges related to child sexual abuse and their disposition.
- (2) Convictions related to other forms of child abuse and/or neglect; and,
- (3) All convictions of violent felonies.

PLEASE PROVIDE YOUR SIGNATURE ON THE APPROPRIATE CATEGORY BELOW:

I HAVE NOT been arrested, charged and/or convicted on one or more of the types of offenses listed above.

\_\_\_\_\_  
SIGNATURE DATE

\_\_\_\_\_ OR \_\_\_\_\_

I HAVE been arrested, charged, and /or convicted on one or more of the above types of offenses listed above.

\_\_\_\_\_  
SIGNATURE DATE

If so, please attach information listing the offense(s), the date (s) of the arrest (s), charge (s), and/or conviction(s), and other relevant information.