

Affirmative Action Reporting

Date: _____
(Enter today's date)

Dear Applicant For: _____
(Enter desired position)

Thank you for your interest in employment with Murphy-Harpst Children's Centers, Inc. Our commitment to affirmative action and to equal opportunity requires that we monitor applicant data for position vacancies.

Completion of the information below is optional and will not affect your candidacy for the position. Please return this form along with the application packet to the Receptionist who will forward to the Director of Human Resources who will be responsible for reporting these affirmative action statistics. Thank you for your participation.

PLEASE CHECK THE APPROPRIATE CATEGORIES:

| White/Other | Black | Hispanic | Asian/East Indian/Pacific Islander | American Indian |
|---|---|---|---|---|
| <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> M <input type="checkbox"/> F |

Disabled Status: _____

Veterans Status: _____

Print Name

Signature

Affirmative Action/Equal Employment Opportunity and Provider



Murphy-Harpst Children's Centers, Inc.

Application for Employment

Murphy-Harpst Children's Centers is a Drug-Free Work Place.

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital status, veteran status, sexual orientation, or any other legally protected status.

Murphy-Harpst Children's Centers, Inc. is proud to be an Equal Opportunity Employer and Provider

Date of Application: _____ ALL APPLICATIONS ARE MAINTAINED ON FILE FOR **NO MORE THAN 90 DAYS**

| | | | | | |
|----------------------|--|------------|--|------------------------|----------|
| Last Name | | First Name | | Middle Initial | |
| Street Address | | City | | State | Zip Code |
| Telephone Number (s) | | | | Social Security Number | |
| Home: | | Cell: | | | |

Position Applying For: _____

Employment Desired: Full-Time Part-Time Full-Time OR Part-time

Eligible Start Date: _____

Have you ever interviewed with MHCC? YES NO Of yes, give approximate date: _____

Are you able to perform the essential functions of the position without accommodations? YES NO

(Do not answer this question unless you have been informed of the requirements of the position.)

Are you legally eligible for employment in the United States? (If yes, verification will be required) YES NO

Have you been convicted of a felony in the last 7 years? YES NO

If yes, please explain

EDUCATION

| | Institution Name and Location | Years Completed | Field of Study | Date Graduated and Degree Title |
|---------------------------|--------------------------------------|------------------------|-----------------------|--|
| High School | | | | |
| College/University | | | | |
| College/University | | | | |
| Business/Technical | | | | |

MILITARY SERVICE

Have you ever been in the Armed Forces: YES NO
 Date Entered: _____ Discharge Date: _____

Applicant Name: _____

EMPLOYMENT: Beginning with your most current position, please list ALL work experience for the last 10 years. Do not leave any gaps in time. Attach additional sheets if necessary.

MAY WE CONTACT YOUR CURRENT EMPLOYER: YES NO

| | | | |
|-----------------------------|-----------------|----------------------------|--|
| Employer Name: _____ | | Phone Number: _____ | |
| Street Address | | City | |
| State | Zip Code | | |

| DATES OF EMPLOYMENT | | ANNUAL SALARY | | POSITION/TITLE | SUPERVISOR NAME |
|---------------------|----|---------------|--------|----------------|-----------------|
| From | To | Starting | Ending | | |
| | | | | | |

Reason for leaving (please be specific): _____

Work Description : Please describe specific duties, and if applicable, include all supervisory, managerial, and professional experience:

Employer Name: _____

Phone Number: _____

Street Address
State **Zip Code**

City

| DATES OF EMPLOYMENT | |
|---------------------|----|
| From | To |
| | |

| ANNUAL SALARY | |
|---------------|--------|
| Starting | Ending |
| | |

| POSITION/TITLE | SUPERVISOR NAME |
|----------------|-----------------|
| | |

Reason for leaving (please be specific): _____

Work Description : Please describe specific duties, and if applicable, include all supervisory, managerial, and professional experience:

Applicant Name: _____

Employer Name: _____

Phone Number: _____

Street Address
State **Zip Code**

City

| DATES OF EMPLOYMENT | |
|---------------------|----|
| From | To |
| | |

| ANNUAL SALARY | |
|---------------|--------|
| Starting | Ending |
| | |

| POSITION/TITLE | SUPERVISOR NAME |
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| | |

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Employer Name: _____

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Street Address
State **Zip Code**

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| DATES OF EMPLOYMENT | |
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| | |

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|---------------|--------|
| Starting | Ending |
| | |

| POSITION/TITLE | SUPERVISOR NAME |
|----------------|-----------------|
| | |

Reason for leaving (please be specific): _____

Work Description : Please describe specific duties, and if applicable, include all supervisory, managerial, and professional experience:

Applicant Name: _____

| Employer Name: _____ | Phone Number: _____ | | | | | | | | | | | | | | | | | |
|--|----------------------------|--|-------------|-----------|--|--|--|---------------|--|-----------------|---------------|--|--|--|----------------|-----------------|--|--|
| Street Address | City | | | | | | | | | | | | | | | | | |
| State | Zip Code | | | | | | | | | | | | | | | | | |
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| Work Description : Please describe specific duties, and if applicable, include all supervisory, managerial, and professional experience: | | | | | | | | | | | | | | | | | | |

| Employer Name: _____ | Phone Number: _____ | | | | | | | | | | | | | | | | | |
|--|----------------------------|--|-------------|-----------|--|--|--|---------------|--|-----------------|---------------|--|--|--|----------------|-----------------|--|--|
| Street Address | City | | | | | | | | | | | | | | | | | |
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| Work Description : Please describe specific duties, and if applicable, include all supervisory, managerial, and professional experience: | | | | | | | | | | | | | | | | | | |

Applicant Name: _____

SOCIAL ACQUAINTANCES & RELATIVE REFERENCE

List two people whom you know well and who lives in the United States. They should be a good friend, peer, colleague, etc., whose combined association with you covers as much as possible of the last 10 years. **DO NOT** list your spouse, former spouse, or other relatives, and **DO NOT** list anyone who is listed elsewhere in the application. In addition, list one relative as a reference.

Social Acquaintances

| | |
|-------------------------------------|---|
| Complete Name (Last, Middle, First) | Street Address |
| Relationship | City, State, Zip Code |
| Years Acquainted | Home Phone Number (including area code) |
| Approximate Age of Acquaintance | Business Address |
| Occupation of Acquaintance | Business Phone Number (including area code) |

| | |
|-------------------------------------|---|
| Complete Name (Last, Middle, First) | Street Address |
| Relationship | City, State, Zip Code |
| Years Acquainted | Home Phone Number (including area code) |
| Approximate Age of Acquaintance | Business Address |
| Occupation of Acquaintance | Business Phone Number (including area code) |

Relative Reference

| | |
|-------------------------------------|---|
| Complete Name (Last, Middle, First) | Street Address |
| Relationship | City, State, Zip Code |
| Years Acquainted | Home Phone Number (including area code) |
| Approximate Age of Acquaintance | Business Address |
| Occupation of Acquaintance | Business Phone Number (including area code) |

Applicant Name: _____

Professional Licenses, Certifications or Registrations: _____

Describe any specialized training, apprenticeships, skills, and extra-curricular activities: _____

State any additional information you feel may be helpful to us in considering your application.

How did you hear about Murphy-Harpst Children's Centers, Inc.? _____

At Murphy Harpst Children's Centers, Inc. we take pride in acknowledging employees who recommend applicants that we hire to work for our organization. In order to do so, we feel that it is necessary to know if any of our employees recommended you for this position Please list their names below.

Are you at least 21 years of age: YES NO

Do you have a valide Driver's license? YES NO

APPLICANT STATEMENT

Murphy-Harpst Children's Centers is a Drug-Free Work Place.

I give permission for a pre-employment drug screening test for any such recurring tests as may be requested by the company at any time.

I authorize the company to request an investigative report concerning my social security number, criminal history and other information the extent permitted by law from appropriate local, state and federal agencies and other available public records.

I authorize the investigation of all statements contained in this application and any accompanying documentation, if any, and further authorize any person, school, current or past employer (s) and organizations named in this application form to provide the company with records and information that may be usefule in making a hiring decision. I release all informants from all liability for damage that may result from furninshing information and opinions which are truthful and made in good faith to you.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand that if hired, I will be required to abide by all rulls and regulations of the employer

I agree with the above statements and certify that answers given herein are true and complet to the best of my knowledge

**Applicant
Signature** _____

Date: _____