



## **APPLICATION FOR EMPLOYMENT INSTRUCTIONS**

- If an interview has been scheduled with you for one of our open positions, you will need to complete this application form and submit it to us **PRIOR TO** your interview.
- Please download and save this form on your computer **BEFORE** filling it out.
- Once you have completed the form, please save it and then email it as an attachment to [jobs@cssmv.org](mailto:jobs@cssmv.org).
- In your email, be sure to provide the title of the job for which you are interviewing.
- At the time of your interview, you will be asked to sign and date the last page of the application form.



**Catholic Social Services of the Miami Valley**  
 922 W. Riverview Ave., Dayton, Ohio 45402 (937.223.7217)  
**APPLICATION FOR EMPLOYMENT**

*CSSMV is an Equal Opportunity Employer. It is our policy to provide equal employment opportunities to all employees and applicants for employment without regard to race, color, sex, military status, national origin, age, disability, status as a Vietnam-era or special disabled veteran, or status in any group protected by state or local law. This policy applies to all terms and conditions of employment including, but not limited to, hiring, placement, promotion, termination, leaves of absence, and compensation. To ensure the dignity of and comply with HIPAA and social work/counselor board ethics regulations, current clients or clients in the past year are not eligible to apply for employment with the agency (excluding pantry/interfaith clients).*

Were you referred by a current CSSMV employee? If yes please list their name(s): \_\_\_\_\_

**Personal Information**

**(PLEASE PRINT)**

Name (Last)	(First)	(Middle initial)
Present Address (Street, City, State and Zip)		How Long?
Home Telephone	Alternate Telephone	E-Mail Address
Are you <u>under</u> 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, can you furnish a work permit if required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you eligible to work in the United States? (Proof of eligibility will be required upon employment) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever worked or volunteered here before? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, give date(s) and position or program
Have you ever pled "guilty" to or been convicted of a crime?*		If Yes, please provide date(s) and details below.
<input type="checkbox"/> Yes <input type="checkbox"/> No		

\* Answering "Yes" does not constitute an automatic bar to employment. Factors such as the date of the offense, the seriousness and nature of the violation, rehabilitation, and position applied for will be taken into account.

**Work Preferences**

What type of employment do you want? <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary	What is your desired salary range?
What position(s) are you applying for?	
What date(s) are you available for employment?	What days and hours can you work?
Are you willing to travel if required? If Yes, what percent of time? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Will you work overtime, if required? If No, please explain below. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you related to any employee or Board member of CSSMV? If Yes, please list. <input type="checkbox"/> Yes <input type="checkbox"/> No	

## Employment History

Provide the following information for your last four (4) employers, assignments, or volunteer activities, starting with the most recent. **Please fill in as completely as possible – do not mark “refer to resume.”**

From	To	Employer	Telephone
Job Title		Address (Street Address/City/State/Zip)	
Immediate Supervisor and Title		Summarize the nature of work performed and job responsibilities.	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Reason for Leaving		Beginning Rate/Salary \$                      per	Final Rate/Salary \$                      per
From	To	Employer	Telephone
Job Title		Address (Street Address/City/State/Zip)	
Immediate Supervisor and Title		Summarize the nature of work performed and job responsibilities.	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Reason for Leaving		Beginning Rate/Salary \$                      per	Final Rate/Salary \$                      per
From	To	Employer	Telephone
Job Title		Address (Street Address/City/State/Zip)	
Immediate Supervisor and Title		Summarize the nature of work performed and job responsibilities.	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Reason for Leaving		Beginning Rate/Salary \$                      per	Final Rate/Salary \$                      per
From	To	Employer	Telephone
Job Title		Address (Street Address/City/State/Zip)	
Immediate Supervisor and Title		Summarize the nature of work performed and job responsibilities.	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Reason for Leaving		Beginning Rate/Salary \$                      per	Final Rate/Salary \$                      per

## Educational Background

Name and Location	Number of Years Completed	Major	Did You Graduate?	Year of Graduation	Degree
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	Do not complete for High School	
College(s)			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		

## Additional Information

Computer Skills
Licenses, Certifications, or Registrations
In which states have you been licensed? _____  <i>For Counseling applicants:</i> CAQH #: _____ NPI # _____ (for billing insurance companies) (National Provider # for billing Medicare/Medicaid)

## References

Please provide at least three (3) business/work references who are not related to you. If not applicable, please provide three (3) school or personal references who are not related to you.

Name	Daytime Telephone Number	Alternate Telephone Number or e-mail	
Address (including Zip Code)		Relationship	Years Known
Name	Daytime Telephone Number	Alternate Telephone Number or e-mail	
Address (including Zip Code)		Relationship	Years Known
Name	Daytime Telephone Number	Alternate Telephone Number or e-mail	
Address (including Zip Code)		Relationship	Years Known

## **Applicant Statement**

I certify that all information I have supplied in this application and in any other form, oral or written, is true, complete, and accurate. I understand that any information provided by me that is found to be false, incomplete, or misrepresented in any respect will be sufficient cause to (a) cancel further consideration of this application or (b) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, CSSMV, its representatives, employees, and/or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities, and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume, or job interview. I also give permission for criminal and other background checks. I hereby waive any and all rights and claims I may have regarding CSSMV, its representatives, employees, and/or agents for seeking, gathering, and using such information in the employment process and all other persons, corporations, or organizations for furnishing such information about me, but understand my right to privacy shall be respected and the inquiries treated in confidence.

I understand CSSMV does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state, or federal law.

If I am hired, I understand that my employment will be at will. This means that I am free to resign at any time, with or without cause and without prior notice, and CSSMV reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid.

I understand CSSMV maintains a drug-free workplace and agree that maintenance of same is essential to the safety of the workplace and employees. I promise to abide by the agency's policies prohibiting the use or possession of drugs, alcohol, or any controlled substances, or the misuse of prescribed or over-the-counter medication on agency premises or while on duty. I understand also that I may be tested for drugs, alcohol, or controlled substances if I am employed by CSSMV.

If I am hired, I agree to comply with and be bound by the agency's safety and health rules and regulations, rules of conduct, and any other rule or procedure set forth by my employer.

I understand that if I am hired, I will be required to provide proof of identify and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

**DO NOT SIGN BELOW UNTIL YOU HAVE READ  
THE ABOVE APPLICANT STATEMENT VERY CAREFULLY.**

I certify that I have read, fully understand, and accept all terms of the foregoing Applicant Statement.

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

\_\_\_\_\_  
DATE

***If hired, this application will become part of your employment records.***