



5403 Avenue N ♥ Rosenberg, Texas 77471 ♥ Phone 281-344-5100 ♥ Fax 281-341-0798

Employment Application

Thank you for your interest in applying to Child Advocates of Fort Bend. Please tell us about yourself.

General Information

Last Name	First	Middle
Address		Apt. No.
City	State	Zip Code
How long have you lived at this address?		If less than 7 years, please list your previous address below: (If you have more than one previous address, please attach a separate page)
Address		Apt. No.
City	State	Zip Code
Telephone Number - -	Mobile Number - -	
E mail Address	Date of Birth - -	

Employment History

Employment Status Full Time Part Time Retired

Student Unemployed Self-Employed

Current Employer/School: Phone Number: Occupation:

Please list your employment history, beginning with your current/most recent employer.
Note: CAFB will not contact your current employer without your consent.

Organization	Title	Responsibilities	Dates	Reason for Leaving

Volunteer Experience

Please list your volunteer activities, beginning with the most recent:

Organization	Supervisor	Projects/Responsibilities	Dates	Reason for Leaving

Please list any other current community activities and memberships in any clubs, churches, and other organizations.

- Languages Spoken English Spanish Other
- Fluency Level Elementary Limited Working Minimum Professional
- Full Professional Native or Bilingual

Education

- High School Diploma Some College College Degree
- Post Graduate Other

School	Degree	Major	Dates

Licenses & Certifications

School	License	Certification	Dates

Personal Disclosure

How did you hear about Child Advocates of Fort Bend?

Why are you interested in working for Child Advocates of Fort Bend?

The work done at Child Advocates of Fort Bend involves advocacy and services for children who have been abused and are experiencing trauma. This can be triggering for people who have experienced abuse or neglect in their lives or in their family.

Are you comfortable working in this environment? Yes No

Have you ever been convicted of a crime? Yes No

If yes, please list the charges and explain.

Driver License

All employees must have a valid driver's license and current automobile liability insurance. Employees must provide the CAFB office with a copy of the most up-to-date liability insurance and a current driver's license in order to process your application.

I acknowledge the above. Yes

Applicant Name

Emergency Contact

Name

Relationship

Phone

Email

References: If you have worked/volunteered at a child-serving organization, **please include.** 3 professional, 1 volunteer and 1 personal required.. An additional professional reference can substitute for the volunteer reference if no volunteer history.

Name	Phone	Email



Employee Acknowledgement Form

I hereby certify that the information submitted in this application is correct and accurate to the best of my knowledge; and I authorize inquiries concerning my suitability as a CAFB employee. I understand that all the information will be held in strict confidence and used only for the purpose of determining my suitability as an employee.

I understand that all information provided to and obtained by CAFB will be held in the strictest of confidence.

Name (Please Print)

Signature

Date



Forms Checklist

- Employee Application
- Employee Acknowledgement Form
- Copy of Driver's License