



Children's Specialties, Inc.

Team Member Application

Thank you for showing an interest in becoming a member of our team. We truly value our people, and we want to know more about you. Of course, we understand that we can't really get to know you from a few pieces of paper, but this gives us a place to start.

Our interview process is more involved and thorough than you are used to. We don't just hire to fill in the gaps or warm a seat. If that's what you're hoping for, don't waste your time or ours. Instead, we take our time looking to find the right people and the right fit. The result is an opportunity to be involved in a company culture like no other, a close-knit family atmosphere, and to have a ton of fun while winning big.

Children's Specialties, Inc. is an Equal Opportunity Employer. Employment offers are made on the basis of qualification and the best fit for the position within our team, and without regard to race, sex, religion, national or ethnic origin, disability, age, veteran status, or sexual orientation.

PLEASE PRINT LEGIBLY. Complete the entire application. Please attach a resume if you have one, but please still complete all questions or your application will be deemed incomplete and will not be considered. Please fill out each box (don't just indicate "See Resume.") Applications with false or misleading information will not be considered for any position. Here's your first opportunity to follow directions accurately. We look forward to learning more about you.

Position Applying For:	Name (Last, First, Middle):		Other names under which you have attended school or been employed:
Street Address:		City, State & Zip:	
Social Security Number:	Home Phone:	Work Phone:	Other Phone:
Are you eligible to work in the U. S.?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you 18 years of age or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If offered a position on our team, would you be willing to submit to a criminal history background check?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If NO, please explain:	
Are you related to a current Children's Specialties, Inc. team member?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, their name & their relationship to you?	
If required for position, do you have a valid driver's license?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, State of issuance, license #, and expiration date:	
How did you learn about this opportunity at Children's Specialties? Check all that apply: <input type="checkbox"/> Ad in newspaper <input type="checkbox"/> Job Bulletin (Posting) <input type="checkbox"/> Walk-in <input type="checkbox"/> Our Website <input type="checkbox"/> Dept. of Labor <input type="checkbox"/> Referral by another team member <input type="checkbox"/> Other: (please list)			

EDUCATION:

Name of School	City/State	Did you graduate?	If No, # of years left to graduate?	Degree received?	Major?
High School:		<input type="checkbox"/> Yes <input type="checkbox"/> No			
GED:		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Other School:		<input type="checkbox"/> Yes <input type="checkbox"/> No			
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No			
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No			
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No			

SKILLS: Please list technical skills, clerical skills, trade skills, etc., relevant to this position. Include relevant computer systems and software packages of which you have a working knowledge, and note your level of proficiency (basic, intermediate, expert)

WORK EXPERIENCE: Please detail your entire work history for the last 7 years. Begin with your current or most recent employer. If you held multiple positions with the same organization, detail each position separately. Attach additional sheets if necessary. Omission of prior employment may be considered falsification of information. Please explain any gaps in employment. Include full-time military or volunteer commitments. **PLEASE DO NOT** complete this information with the notation "See Resume." **PLEASE NOTE:** Children's Specialties, Inc. reserves the right to contact all current and former employers for reference information.

Dates Employed (most recent position) From: To:	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/>	Title:
Starting Salary:	Organization Name and Address:	
Current or Final Salary:		
Supervisor's Name, Title, and Phone #:	Other Reference Name, Title, and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for Leaving:

Dates Employed: From: To:	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/>	Title:
Starting Salary:	Organization Name and Address:	
Final Salary:		
Supervisor's Name, Title, and Phone #:	Other Reference Name, Title, and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for Leaving:

Dates Employed: From: To:	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/>	Title:
Starting Salary:	Organization Name and Address:	
Final Salary:		
Supervisor's Name, Title, and Phone #:	Other Reference Name, Title, and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for Leaving:

Dates Employed: From: To:	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/>	Title:
Starting Salary:	Organization Name and Address:	
Final Salary:		
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for Leaving:

Dates Employed: From: To:	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/>	Title:
Starting Salary:	Organization Name and Address:	
Final Salary:		
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for Leaving:

PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION.

I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment, or termination after employment if discovered at a later date. I authorize Children's Specialties, Inc. to investigate, without liability, all statements contained in this application and supporting materials. I authorize references and former employers, without liability, to make full response to any inquiries in connection with this application for employment. If requested, I agree to submit to a criminal and credit background investigation, and/or screening for illegal substances upon conditional offer of employment. I understand that this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment. I understand that the team members at Children's Specialties, Inc. serve at-will, and the employment relationship may be terminated at any time by either party, for any or no reason, other than a reason prohibited by law.

If employed, I will be required to furnish proof of eligibility to work in the United States, to file a State security questionnaire and State loyalty oath, and to comply with company and departmental regulations. I understand that if employed on a temporary basis, I would be paid for hours worked only, and would be ineligible for benefits including paid time off. If employed on a regular, benefits-eligible basis, I understand that any benefits I receive may be subject to change or discontinuation at any time without prior notice. I understand that the first 90 DAYS of regular employment represent a provisional period, during which I would not be eligible to apply for transfer or promotion and during which I may be terminated without right of appeal.

Applicant Signature: _____

Date: _____