



# Children's Dispensary Inc.

## "A PLACE TO BE ME"

### *Application*

All individuals that wish to participate in Children's Dispensary programs must complete this application. This application will help us determine the best position for you. This is confidential information and will not be shared with anyone outside this organization.

#### **General Information**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number \_\_\_\_-\_\_\_\_-\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

How did you hear about our Programs? \_\_\_\_\_

\_\_\_\_\_

Have you ever worked with special needs children before? YES / NO

If yes please list \_\_\_\_\_

\_\_\_\_\_

**References**

Please list three adults who are not family members, but have knowledge of your ability to work with children.

<b>Name</b> _____
<b>Address</b> _____
<b>City</b> _____ <b>State</b> _____ <b>Zip</b> _____
<b>Phone</b> _____ <b>Email</b> _____
<b>Years Known</b> _____ <b>Relationship</b> _____

<b>Name</b> _____
<b>Address</b> _____
<b>City</b> _____ <b>State</b> _____ <b>Zip</b> _____
<b>Phone</b> _____ <b>Email</b> _____
<b>Years Known</b> _____ <b>Relationship</b> _____

<b>Name</b> _____
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**Address**

\_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip**

\_\_\_\_\_

**Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

**Years Known** \_\_\_\_\_ **Relationship**

\_\_\_\_\_

**Personal Questions** *Please Circle One*

Have you ever been treated for a psychiatric disorder? **YES / NO**

Have you ever been arrested, convicted or pleaded guilty to a crime? **YES / NO**

If yes, explain: \_\_\_\_\_

Have you ever been accused, charged, or alleged to have, or have you ever committed any act of neglecting, abusing or molesting any child? **YES / NO**

Have you ever been concerned that you may have an addiction to drugs, alcohol, pornography or any other addiction; or has anyone ever suggested that you may have a problem with the above? **YES / NO**

Have you been convicted of possession, use or sale of drugs within the last seven years? **YES / NO**

Within the past 30 days have you abused alcohol, legal or non-legal drugs? **YES / NO**

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**The following information must be completed to perform a background check.**

Last \_\_\_\_\_ First \_\_\_\_\_

Middle \_\_\_\_\_ Maiden \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number \_\_\_\_-\_\_\_\_-\_\_\_\_

Drivers License Number \_\_\_\_-\_\_\_\_-\_\_\_\_ Place of Birth \_\_\_\_\_

Previous Address (If you have moved in the last year)

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I verify the above information is correct to the best of my knowledge. I give the Children's Dispensary, Inc. the right to use the above information to conduct a criminal background check.

\_\_\_\_\_  
Print Name \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_