

**Community Based Doula Project  
Application for Contract Doula Employment**



We are committed to a workplace that offers equal employment opportunity without discrimination based on race, color, national origin, citizenship, sex, sexual orientation, religion, age, veteran/military status, disability, gender, genetic testing/medical history, pregnancy, or any other personal characteristic protected by law. In addition to federal law requirements, Children & Family Resource Center complies with applicable state and local laws governing nondiscrimination. This policy applies to all terms and conditions of employment, including recruiting, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation, and training.

This application will be considered active for 60 days from the date it is submitted. Consideration for employment after 60 days requires a new application.

Date of Application: \_\_\_\_\_ How did you hear about this position? \_\_\_\_\_

**I. Personal Information**

Name: \_\_\_\_\_ Primary phone: \_\_\_\_\_

If your records are listed under another name, provide name: \_\_\_\_\_

\*I understand that background checks are completed for all staff, contract employees and volunteers of Children and Family Resource Center \_\_\_\_\_ (initial)

Street Address: \_\_\_\_\_

Email address: \_\_\_\_\_

Are you legally eligible to work in the United States?  Yes  No

If hired, you will be required to provide proof of identify and eligibility to legally work in the U.S.

Are you at least 18 years old?  Yes  No

If no, you may be required to provide authorization to work.

Have you ever worked here before?  Yes  No

If yes, when? (Give dates) \_\_\_\_\_ Job Title: \_\_\_\_\_

Please read the position description before answering the following question. Can you perform the essential functions of the position(s) for which you are applying with or without a reasonable accommodation, where applicable?  Yes  No

## II. Relevant Experience

Birth Doula training:	Dates:	Certified? <input type="checkbox"/> Yes <input type="checkbox"/> No
Postpartum Doula training:	Dates:	Certified? <input type="checkbox"/> Yes <input type="checkbox"/> No
Other related training:	Dates:	

## II. References

Please include references that can speak to your level of care as a doula and/or working with diverse populations.

Name:	Occupation:
Relationship to You:	How long have you known this person?
Email Address:	Phone Number(s):
Name:	Occupation:
Relationship to You:	How long have you known this person?
Email Address:	Phone Number(s):
Name:	Occupation:
Relationship to You:	How long have you known this person?
Email Address:	Phone Number(s):

**IV. Essay**

**What does a Community Based Doula program mean to you? Why do you want to be a part of this pilot program?**

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**What skills, abilities and/or lived experiences do you uniquely offer to families that would make you a perfect fit for this program?**

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I understand that, by accepting this application, Children and Family Resource Center is in no way obligated to provide me with employment, and that I am not obligated to accept employment if offered. Furthermore, if employed, I understand that I am employed at-will, which means that Children and Family Resource Center and/or I can end the employment relationship at any time with or without notice or cause, consistent with applicable law.

I certify that the information contained in this application is true and complete to the best of my knowledge. I understand that any falsified statement or important omission of fact on either this application or during the pre-employment process will result in my application being rejected or, if I am hired, in my employment being terminated.

I also understand that any offer of employment is conditioned upon the verification of my information. I authorize Children and Family Resource Center to verify any and all information provided on this application and/or during the pre-employment process and I will, upon request, sign other necessary consent forms. I hereby release Children and Family Resource Center, and those who provide information about me, from any/all liability of whatever kind and nature which, at any time, could result from obtaining, and/or having an employment decision based on, such information.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_