I



**Application for Employment**

**Please Print**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  / / |
| Last Name |  | First Name |  | Middle Initial |  | Date of Application |
|  |  |  |  |  |  |  |
| Present Address |  | City |  | St |  | Zip Code |
|  |  |  |  |  |  |  |
| Mailing Address(If different from present address) |  | City |  | St |  | Zip Code |
| ( ) |  | ( ) |  |  |
| Home or Cell Phone |  | Business Phone |  | Social Security Number |
|  E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
|  |  |  |

**Employment Desired**

|  |  |
| --- | --- |
| Position applying for: |  |
| Available to work: | [ ]  Full-Time [ ]  Part-Time | Hours preferred: |  |

**Personal Information**

|  |  |  |
| --- | --- | --- |
| Have you ever applied to or worked for Family Services before? | [ ]  Yes [ ]  No |  |
| If yes, when and what position? |  |
| Do you have any friends or relatives working for Family Services? | [ ]  Yes [ ]  No |  |
| If yes, state name(s) and relationship:  |  |  |
|  |  |  |
| Name |  | Relationship |
|  |  |  |
| Name |  | Relationship |
| Why are you applying for work at Family Services? |  |
|  |
| Have you received services from or been a client of Family Services in past 24 months? | [ ]  Yes [ ]  No |
| If hired, would you have a reliable means of transportation to and from work? | [ ]  Yes [ ]  No |
| Are you able to provide a valid driver's license and proof of auto insurance? | [ ]  Yes [ ]  No |
| Are you at least 18 years old (If under 18, hire is subject to verification that you are of minimum legal age.) | [ ]  Yes [ ]  No |
| If hired, can you present evidence of your citizenship of proof of your legal right to live and work in this country? | [ ]  Yes [ ]  No |
| Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? | [ ]  Yes [ ]  No |
| If no, describe the functions that cannot be performed. |  |
|  |
|  |
| (Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.) |

**Education, Training and Experience**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **School** | **Name and Address** |  | **No. of years Completed** |  | **Did you Graduate?** |  | **Degree or Diploma** |
| **High School** |  |  |  |  | [ ]  Yes [ ]  No |  |  |
| Name |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Address, City, St |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **College University** |  |  |  |  | [ ]  Yes [ ]  No |  |  |
| Name |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Address, City, St |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Business Vocational** |  |  |  |  | [ ]  Yes [ ]  No |  |  |
| Name |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Address, City, St |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Employment History**

List below all present and past employment starting with your most recent employer (last five years is sufficient). Account for periods of unemployment. You must complete this section even if attaching a resume. Volunteer positions may be included. Attach additional pages if necessary.

|  |  |  |  |
| --- | --- | --- | --- |
| Employer |  | Dates | Position / Duties |
| From | To |  |
| Address | Phone Number |  |  |  |
|  |
| Reason for leaving |  |  |  |
| Employer |  | Dates | Position / Duties |
| From | To |  |
| Address | Phone Number |  |  |  |
|  |
| Job Title | Supervisor's Name |  |  |
| Reason for leaving |  |
| Employer |  | Dates | Position / Duties |
| From | To |  |
| Address | Phone Number |  |  |  |
|  |
| Job Title | Supervisor's Name |  |  |
| Reason for leaving |  |
| Employer |  | Dates | Position / Duties |
| From | To |  |
| Address | Phone Number |  |  |  |
|  |
| Job Title | Supervisor's Name |  |  |
| Reason for leaving |  |

**If you are currently employed, may we call your current employer?** \_\_\_\_\_ Yes \_\_\_\_\_ No

Date: 01/01/2018

**References**

List below three persons not related to you who have knowledge of your work performance within the last three years.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| First Name |  | Last Name |  | Phone Number |
|  |  |  |  |  |
| First Name |  | Last Name |  | Phone Number |
|  |  |  |  |  |
| First Name |  | Last Name |  | Phone Number |

**Please Read Carefully, Initial Each Paragraph and Sign Below**

|  |  |  |
| --- | --- | --- |
|  |  | I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery. |
| Initials |  |
|  |  |  |
|  |  | I hereby authorize Family Services to thoroughly investigate my references, work record, education, and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers, and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure. |
| Initials |  |
|  |  |  |
|  |  | I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representative. |
| Initials |  |

\_\_\_\_\_\_\_\_\_\_\_\_ Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or

 outstanding judgment) be conducted by internal personnel employed by the Company, I am entitled to copies of any such public

 records obtained by the Company unless I mark the check box below. If I am not hired as a result of such information, I am

 entitled to a copy of any such records even though I have checked the box below.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Date |  | Applicant's Signature |

**Family Services is an Equal Opportunity Employer**

Date12/06/2012