

Date Completed: _____

Reviewed by HR: _____

Thank you for your interest in employment with Family Services Incorporated. The application you submit will be reviewed and you will be contacted by phone if an interview will be scheduled based upon the information you have provided. If we are unable to consider your application, you will receive no further notice. Equal access to programs, services and employment is available to all persons. If you require assistance in completing the application, please notify the receptionist.

Family Services Incorporated is an equal opportunity employer. We recruit, hire, train, and promote without discrimination due to race, color, religion, sex, national origin, ancestry, marital status, age or disability.

PERSONAL INFORMATION			
LAST NAME	FIRST NAME	MIDDLE INITIAL	SOCIAL SECURITY NUMBER
ADDRESS (# AND STREET)			DAYTIME TELEPHONE NUMBER
CITY	STATE	ZIP CODE	EVENING TELEPHONE NUMBER

POSITION / EMPLOYMENT DESIRED	
FIRST CHOICE:	WERE YOU REFERRED BY A CURRENT EMPLOYEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
SECOND CHOICE:	IF YES, WHO: _____
THIRD CHOICE:	IF NO, HOW WERE YOU REFERRED?
	<input type="checkbox"/> NEWSPAPER AD <input type="checkbox"/> RADIO AD
	<input type="checkbox"/> TV AD <input type="checkbox"/> EMPLOYMENT SERVICE
	<input type="checkbox"/> OTHER (SPECIFY): _____
DATE AVAILABLE FOR WORK: _____	
DO YOU PREFER? <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> PER DIEM <input type="checkbox"/> TEMPORARY	
IF YOU PREFER PART-TIME OR PER DIEM, COMPLETE THE FOLLOWING: NUMBER OF HOURS AVAILABLE PER WEEK: _____	
AVAILABILITY: <input type="checkbox"/> SUN <input type="checkbox"/> MON <input type="checkbox"/> TUE <input type="checkbox"/> WED <input type="checkbox"/> THU <input type="checkbox"/> FRI <input type="checkbox"/> SAT	
ARE YOU WILLING TO WORK DAYS? <input type="checkbox"/> YES <input type="checkbox"/> NO EVENINGS? <input type="checkbox"/> YES <input type="checkbox"/> NO NIGHTS? <input type="checkbox"/> YES <input type="checkbox"/> NO	
SPECIFY AVAILABLE TIMES DURING EVENINGS OR NIGHTS: _____	
ARE YOU WILLING TO WORK SATURDAYS? <input type="checkbox"/> YES <input type="checkbox"/> NO SUNDAYS? <input type="checkbox"/> YES <input type="checkbox"/> NO HOLIDAYS? <input type="checkbox"/> YES <input type="checkbox"/> NO	
SPECIFY AVAILABLE TIMES DURING WEEKEND SHIFTS: _____	
ARE YOU WILLING TO WORK OVERTIME AS REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
ARE YOU ELIGIBLE TO WORK IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO	
ARE YOU OVER 18 YEARS OF AGE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NOT, DO YOU HAVE A WORK PERMIT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
HAVE YOU BEEN PREVIOUSLY EMPLOYED BY FAMILY SERVICES.? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YES, IN WHAT CAPACITY? _____ FROM: _____ TO: _____	
DO YOU HAVE A CURRENT DRIVER'S LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO (REQUIRED FOR SOME POSITIONS)	
CURRENT DRIVER'S LICENSE NUMBER: _____ STATE: _____ YOUR NAME AS IT APPEARS ON LICENSE: _____	
HAVE YOU EVER BEEN CONVICTED OF ANY CRIME OTHER THAN A MINOR TRAFFIC VIOLATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YES, GIVE DETAILS: _____	

PLEASE NOTE: A CRIMINAL CONVICTION IS NOT AN ABSOLUTE BAR FROM EMPLOYMENT BUT WILL BE CONSIDERED IN RELATION TO SPECIFIC JOB REQUIREMENTS.

DO YOU POSSESS THE PHYSICAL REQUIREMENTS TO PERFORM THE FUNCTIONS OF THE POSITION FOR WHICH YOU ARE APPLYING, WITH OR WITHOUT REASONABLE ACCOMODATION (PER THE AMERICANS WITH DISABILITY ACT AMENDMENT OF 2008)? YES NO
 IF REASONABLE ACCOMODATION IS REQUIRED, EXPLAIN THE TYPE OF ACCOMODATION:

HAVE YOU EVER BEEN FIRED OR ASKED TO RESIGN FROM ANY POSITION? YES NO
 IF YES, EXPLAIN FULLY:

PLEASE NOTE: AN AFFIRMATIVE ANSWER IS NOT AN AUTOMATIC DISQUALIFICATION OF EMPLOYMENT.

MILITARY EXPERIENCE

ARE YOU A VETERAN? YES NO IF YES, LIST YOU DATES OF SERVICE: FROM: _____ TO: _____

WHAT BRANCH DID YOU SERVE IN? _____ DATE OF DISCHARGE: _____

PLEASE CHECK ALL THAT APPLY: VIETNAM VETERAN DISABLED VETERAN

OTHER PROTECTED VETERAN

IF YOU ARE UNEMPLOYED, HOW LONG HAVE YOU BEEN UNEMPLOYED? _____ WEEKS _____ MONTHS _____ YEARS

EMPLOYMENT HISTORY

Please list all of your employment history and military service starting with your present or most recent employment. Any periods in which you were not employed should be noted in the section marked "Additional Information" on page 4.

FROM (MO/YR):	NAME & ADDRESS OF EMPLOYER NAME: _____ ADDRESS: _____ ZIP: _____	IMMEDIATE SUPERVISOR NAME: _____
TO (MO/YR):		TITLE: _____ PHONE #: (_____) _____
If present employer, may we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO		STATUS: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> As needed
POSITION/TITLE:		YOUR NAME AT TIME (IF DIFFERENT):
DESCRIBE YOUR MAIN DUTIES OR RESPONSIBILITIES:		
REASON FOR LEAVING:		PAY RATE:

FROM (MO/YR):	NAME & ADDRESS OF EMPLOYER NAME: _____ ADDRESS: _____ ZIP: _____	IMMEDIATE SUPERVISOR NAME: _____
TO (MO/YR):		TITLE: _____ PHONE #: (_____) _____
If present employer, may we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO		STATUS: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> As needed
POSITION/TITLE:		YOUR NAME AT TIME (IF DIFFERENT):
DESCRIBE YOUR MAIN DUTIES OR RESPONSIBILITIES:		

REASON FOR LEAVING:

PAY RATE:

FROM (MO/YR):	NAME & ADDRESS OF EMPLOYER NAME: _____ ADDRESS: _____ _____ ZIP: _____	IMMEDIATE SUPERVISOR	
TO (MO/YR):		NAME: _____	TITLE: _____
If present employer, may we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO		STATUS: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> As needed	
POSITION/TITLE:		YOUR NAME AT TIME (IF DIFFERENT):	
DESCRIBE YOUR MAIN DUTIES OR RESPONSIBILITIES:			
REASON FOR LEAVING:		PAY RATE:	

FROM (MO/YR):	NAME & ADDRESS OF EMPLOYER NAME: _____ ADDRESS: _____ _____ ZIP: _____	IMMEDIATE SUPERVISOR	
TO (MO/YR):		NAME: _____	TITLE: _____
If present employer, may we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO		STATUS: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> As needed	
POSITION/TITLE:		YOUR NAME AT TIME (IF DIFFERENT):	
DESCRIBE YOUR MAIN DUTIES OR RESPONSIBILITIES:			
REASON FOR LEAVING:		PAY RATE:	

SPECIAL SKILLS

CHECK ALL APPLICABLE AREAS: <input type="checkbox"/> PERSONAL COMPUTER <input type="checkbox"/> SPREADSHEETS <input type="checkbox"/> TYPING - _____ WPM OTHER SPECIAL SKILLS:	COMPUTER HARDWARE USED: COMPUTER SOFTWARE USED:
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EDUCATION

NAME	ADDRESS OF SCHOOL (City & State)	MAJOR SUBJECT	COMPLETED?	DEGREE / DIPLOMA
HIGH SCHOOL			Y / N	
COLLEGE			Y / N	
GRADUATE SCHOOL			Y / N	
BUSINESS, TRADE OR OTHER			Y / N	

PROFESSIONAL REFERENCES

NAME:	BUSINESS:	PHONE:
NAME:	BUSINESS:	PHONE:
NAME:	BUSINESS:	PHONE:

PROFESSIONAL LICENSURE, REGISTRY, CERTIFICATION

List any *active* professional, technical, occupational licenses or certificates and registrations you now hold.

TYPE OF LICENSE, REGISRTY OR CERTIFICATION	ISSUING STATE OR ORGANIZATION	NUMBER	EXPIRATION DATE

ADDITIONAL INFORMATION

Please include any additional information that you think would be applicable: e.g., volunteer experience, internships, membership in professional organizations. Exclude any information which would describe race, sex, age, marital status, national origin, religious or political affiliations.

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IT IS VERY IMPORTANT THAT YOU READ THIS SECTION CAREFULLY, AND THAT YOU FULLY UNDERSTAND IT BEFORE YOU SIGN THE EMPLOYMENT APPLICATION. THIS SECTION AFFECTS YOUR LEGAL RIGHTS.

I certify that to the best of my knowledge, the answers provided by me and the statements made by me in this application are correct and complete. I understand that any false information or intentional omission of information contained in the application will disqualify me from employment consideration or lead to my discharge if discovered after being hired. I consent to background checks which may include, but not be limited to: employment and personal references, education verification, motor vehicle check, DPW screening to determine any exclusion from participation in federal health care programs, FBI, child abuse history and criminal history check. I understand I will also be required to undergo a pre-employment physical exam and drug screening. Employment is contingent upon successful completion of these procedures.

I agree to release former employers and others from liability that might arise from their disclosure about me. I understand that an offer of employment does not represent a contractual relationship, or definite term of employment. If hired, I will be an "at-will" employee, and my employment may be terminated by Family Services Incorporated or by me, at any time, with or without cause.

After reading all of the above, do you still wish to be considered for employment? YES NO

Applicant's Signature: _____

Date: _____