FAMILY SERVICES INC.

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EMPLOYMENT APPLICATION

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		
SECOND CHOICE: IF NO, HOW WERE YOU REFERRED? THIRD CHOICE: NEWSPAPER AD RADIO AD DATE AVAILABLE FOR WORK: OTHER (SPECIFY):	FIRST CHOICE:	WERE YOU REFERRED BY A CURRENT EMPLOYEE?	
IF NO, HOW WERE YOU REFERED? IT NO, HOW WERE YOU REFERED? INWSPAPER AD RADIO AD IT VA D IT NO, HOW WERE YOU REFERED? IF YOU PREFER YOU WILLING TO WORK: IF YOU PREFER PART-TIME OR PER DIEM, COMPLETE THE FOLLOWING: IF YOU PREFER PART-TIME OR PER DIEM, COMPLETE THE FOLLOWING: NUMBER OF HOURS AVAILABLE PER WEEK: ARE YOU WILLING TO WORK DAYS? IF YES INO EVENINGS? IF YES INO SUNDAYS? ARE YOU WILLING TO WORK SATURDAYS? IF YOU PREFER TIMES DURING WEEKEND SHIFTS: ARE YOU WILLING TO WORK VOERTIME AS REQUIRED? IF YES INO IF NOT, DO YOU HAVE A WORK PERMIT? IF YES INO IF YOU PREFER Y AVAILABLE TIMES OF AGE? IF YES INO IF YES INO IF YES INO IF NOT, DO YOU HAVE A WORK PERMIT? IF YES IN WHAT CAPACITY?		IF YES, WHO:	
THIRD CHOICE: <pre> TV AD</pre> EMPLOYMENT SERVICE OTHER (SPECIFY):	SECOND CHOICE:		
Inited choice: OTHER (SPECIFY):			
DATE AVAILABLE FOR WORK:	THIRD CHOICE:		
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IF YES, GIVE DETAILS:			
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LEASE NOTE: A CRIMINAL CONVICTION IS NOT AN ABSOLUTE BAR FROM EMPLOYMENT BUT WILL BE CONSIDERED IN RELATION TO SPECIFIC JOB REQUIREMENTS.	PLEASE NOTE: A CRIMINAL CONVICTION IS NOT AN ABSOLUTE BAR FROM E		

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?	IF YES, LIST YOU DATES OF SERVICE: FROM:	ТО:
WHAT BRANCH DID YOU SERVE IN?		DATE OF DISCHARGE:
		OTHER PROTECTED
PLEASE CHECK ALL THAT APPLY:	VIETNAM VETERAN 🔲 DISABLED VETERAN	VETERAN
IF YOU ARE UNEMPLOYED, HOW LONG H	IAVE YOU BEEN UNEMPLOYED? WEEKS	MONTHSYEARS

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	IMMEDIATE SUPERVISOR
	NAME:	NAME:
TO (MO/YR):	ADDRESS:	TITLE:
10 (110) 11().		PHONE #: ()
	ZIP:	
If present employe	r, may we contact? I YES I NO	Image: STATUS: Image: Status imag
POSITION/TITLE:		YOUR NAME AT TIME (IF DIFFERENT):
DESCRIBE YOUR	MAIN DUTIES OR RESPONSIBILITIES:	
REASON FOR LE	AVING:	PAY RATE:
FROM (MO/YR):	NAME & ADDRESS OF EMPLOYER	IMMEDIATE SUPERVISOR
	NAME:	
TO (MO/YR):	ADDRESS	TITLE:
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DESCRIBE YOUR	MAIN DUTIES OR RESPONSIBILITIES:	

FROM (MO/YR):	NAME & ADDRESS OF EMPLOYER	IMMEDIATE SUPERVISOR		
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REASON FOR LEAVING:				
SPECIAL SKIL	_LS			

SPECIAL SKILLS	
CHECK ALL APPLICABLE AREAS: PERSONAL COMPUTER SPREADSHEETS	COMPUTER HARDWARE USED:
TYPING WPM OTHER SPECIAL SKILLS:	COMPUTER SOFTWARE USED::

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.

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?