**FAMILIES, INC.**

**APPLICATION FOR EMPLOYMENT**

**PERSONAL INFORMATION**

|  |  |  |
| --- | --- | --- |
| Name (Last, First, Middle Initial) |  Social Security No. | Date: |
| Address (Street, City, State, Zip) | Telephone (Work): | Telephone (Home): | Email: |

**DESIRED EMPLOYMENT**

|  |  |  |
| --- | --- | --- |
| Position applied for: | Date available to start: | Salary desired: |
| Are you currently employed? [ ]  Yes [ ]  No | If so, may we inquire of your present employer? [ ]  Yes [ ]  No |
| Name of current employer | Address of current employer |
| Have you ever worked for Families, Inc. before? [ ]  Yes [ ]  No If yes, give dates and position(s) |

**EDUCATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **level** | **Name and location of school(s)** | **no. of years attended** | **Degree** | **major** |
| **high school** |  |  |  |  |
| **colleges** |  |  |  |  |
| **graduate schools** |  |  |  |  |
| **other** |  |  |  |  |

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**PREVIOUS EMPLOYERS**

|  |
| --- |
| Name of present or last employer: |

|  |  |  |
| --- | --- | --- |
| Street Address: | City, State, Zip: | Telephone: |

|  |  |  |
| --- | --- | --- |
| Job Title: | Start Date: | Leaving Date: |

|  |  |  |
| --- | --- | --- |
| Monthly Starting Salary: | Monthly Current or Ending Salary: | May we contact your supervisor? [ ]  Yes [ ]  No |

|  |  |  |
| --- | --- | --- |
| Name of Supervisor: | Title: | Telephone: |

|  |
| --- |
| Description of your duties: |
| Reason for leaving: |

|  |
| --- |
| Name of previous employer: |

|  |  |  |
| --- | --- | --- |
| Street Address: | City, State, Zip: | Telephone: |

|  |  |  |
| --- | --- | --- |
| Job Title: | Start Date: | Leaving Date: |

|  |  |  |
| --- | --- | --- |
| Monthly Starting Salary: | Monthly Current or Ending Salary: | May we contact your supervisor? [ ]  Yes [ ]  No |

|  |  |  |
| --- | --- | --- |
| Name of Supervisor: | Title: | Telephone: |

|  |
| --- |
| Description of your duties: |
| Reason for leaving: |

|  |
| --- |
| Name of previous employer: |

|  |  |  |
| --- | --- | --- |
| Street Address: | City, State, Zip: | Telephone: |

|  |  |  |
| --- | --- | --- |
| Job Title: | Start Date: | Leaving Date: |

|  |  |  |
| --- | --- | --- |
| Monthly Starting Salary: | Monthly Current or Ending Salary: | May we contact your supervisor? [ ]  Yes [ ]  No |

|  |  |  |
| --- | --- | --- |
| Name of Supervisor: | Title: | Telephone: |

|  |
| --- |
| Description of your duties: |
| Reason for leaving: |

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**REFERENCES**

*Please give the names of three professional references that are familiar with your work.*

|  |  |  |  |
| --- | --- | --- | --- |
| **name** | **address** | **business** | **years acquainted** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| **Have you ever been convicted of a felony or misdemeanor? [ ]  Yes [ ]  No** |
| **Has there ever been a child abuse report made concerning you? [ ]  Yes [ ]  No** |
| **Is there any reason that you would not be able to perform the job description? [ ]  Yes [ ]  No** |
| If yes to any of the above, please explain (a yes answer will not necessarily exclude you from consideration). |

**AUTHORIZATION**

I affirm that my answers to the foregoing questions are complete, true, correct, and I understand that misrepresentation or omission of facts called for in this application or other Families, Inc. records will be cause for immediate dismissal. I understand this is an application for employment and not an offer for employment.

Applicant’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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