

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? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, may we inquire of your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of current employer	Address of current employer	
Have you ever worked for Families, Inc. before? <input type="checkbox"/> Yes <input type="checkbox"/> 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				

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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Supervisor:	Title:	Telephone:
Description of your duties:		
Reason for leaving:		

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? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has there ever been a child abuse report made concerning you? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is there any reason that you would not be able to perform the job description? <input type="checkbox"/> Yes <input type="checkbox"/> 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 _____

