

Application for Employment



An Equal Opportunity Employer

We consider applicants for all positions without regard to race, religion, color, national origin, marital status, age, sex, disability, veteran status, sexual orientation, political beliefs, or any other protected status under the anti-discrimination laws.

(PLEASE PRINT)

Date of Application _____

Name _____ Social Security No. _____ - _____ - _____
Last First M.I.

If you prefer to be called by a nickname, please list it here: _____

Address _____
Number Street City State Zip code

Telephone Number(s) (_____) _____ E-mail Address _____

Are you under 18 years old? _____ Yes _____ No

If yes, can you provide proof of your eligibility to work? _____ Yes _____ No

Position applied for _____

On what date will you be available for work? _____

Are you available to work: _____ Full time _____ Part time _____ Shift work _____ Temporary

Are there times or days that you are unable to work? _____

How were you referred to Family Services, Inc.? _____

Have you ever been employed with us before? _____ Yes _____ No

If yes, give dates _____

Have you ever filed an application with us before? _____ Yes _____ No

If yes, give date _____

Are you currently employed? _____ Yes _____ No

If yes, may we contact your present employer? _____ Yes _____ No

Are you lawfully authorized to work permanently in the U.S.? _____ Yes _____ No
If hired, proof of citizenship or immigration status will be required.

Have you ever been convicted of a felony? _____ Yes _____ No

If yes, please explain _____

Have you lived outside of Indiana in the past 2 years? If so, please list the state(s): _____

Education

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Can you speak, read, and/or write any language other than English? ___ Yes ___ No

If so, list the language(s) and mark your level of experience:

_____	_____
Speaking: ___ Fair ___ Good ___ Fluent	Speaking: ___ Fair ___ Good ___ Fluent
Reading: ___ Fair ___ Good ___ Fluent	Reading: ___ Fair ___ Good ___ Fluent
Writing: ___ Fair ___ Good ___ Fluent	Writing: ___ Fair ___ Good ___ Fluent

Specialized Skills

Please check/list skills:

Others (list):

___ Photocopier	___ WordPerfect/Word	_____
___ Typewriter	___ Excel/Spreadsheets	_____
___ Fax	___ Access/Databases	_____
___ Windows	___ E-mail	_____
___ Microsoft Publisher/Desktop Publishing		

U.S Military Service

Branch of Service _____

Rank and Type of Service _____

Training and/or Experience Received _____

Type of Discharge _____

Employment Experience

Start with your present or most recent job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, religion, color, national origin, marital status, age, sex, disability, veteran status, sexual orientation, political beliefs, or any other protected status.

Employer's Name		Work Performed	
Address			
Telephone Number(s)			
Dates Worked From: To:		Salary/Hourly Rate Starting: Final:	
Job Title		Supervisor	
Reason for Leaving			
Employer's Name		Work Performed	
Address			
Telephone Number(s)			
Dates Worked From: To:		Salary/Hourly Rate Starting: Final:	
Job Title		Supervisor	
Reason for Leaving			
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Telephone Number(s)			
Dates Worked From: To:		Salary/Hourly Rate Starting: Final:	
Job Title		Supervisor	
Reason for Leaving			

Additional Information

You may exclude membership which would reveal race, religion, color, national origin, age, sex, disability, sexual orientation, or any other protected status.

Describe any specialized training or professional, trade, business or extracurricular activities.

Summarize special job-related skills and qualifications acquired from employment or other experiences.

References

Please list a total of 3 references: at least 2 work references and no more than 1 personal reference that is not related to you

1.	_____	(____)	_____
	Name		Telephone Number
	_____		_____
	E-mail address		Address
	_____		_____
	Relationship		Years Acquainted
2.	_____	(____)	_____
	Name		Telephone Number
	_____		_____
	E-mail address		Address
	_____		_____
	Relationship		Years Acquainted
3.	_____	(____)	_____
	Name		Telephone Number
	_____		_____
	E-mail address		Address
	_____		_____
	Relationship		Years Acquainted

Applicant's Statement

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I also authorize Family Services, Inc. to investigate my criminal background with the state(s) and counties I have previously and/or currently reside in.

This application for employment will be held for one year from date of receipt. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an **at will** nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this **at will** employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge regardless of the time of discovery by the company. I understand, also, that I am required to abide by all rules and regulations of the employer. I will remain an at will employee and can be terminated at anytime.

Signature of Applicant

Date