



# FAMILY SERVICES, INC.

Employment Application

## APPLICANT INFORMATION

Last Name		First		M.I.	Date
Street Address				Apartment/Unit #	
City		State		ZIP	
Daytime Phone #		Mobile Phone #			
Date Available		Social Security No.		Desired Salary	
Position Applied for					
Are you a citizen of the United States?	YES	NO	If no, are you authorized to work in the U.S.?	YES	NO
Have you ever worked for this company?	YES	NO	If so, when?		
Do you know and/or are you related to an employee of this agency?	YES	NO	If yes, explain		
Have you ever been convicted of a felony or any form of assaultive behavior?	YES	NO	If yes, explain		

Do you have a valid North Carolina Driver's License?

## EDUCATION

High School		Address			
From	To	Did you graduate?	YES	NO	Degree
College		Address			
From	To	Did you graduate?	YES	NO	Degree
Post-Graduate		Address			
From	To	Did you graduate?	YES	NO	Degree

Other:

## REFERENCES: PLEASE LIST THREE PROFESSIONAL REFERENCES

1. Full Name		Relationship
Company		Phone ( )
Address		
2. Full Name		Relationship
Company		Phone ( )
Address		
3. Full Name		Relationship
Company		Phone ( )
Address		

**PREVIOUS EMPLOYMENT**

Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES	NO
Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES	NO
Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES	NO

**MILITARY SERVICE**

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

**COMPUTER SKILLS/ABILITIES**

Please list the computer systems and software with which you have experience and your level of expertise with each:

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**DISCLAIMER AND SIGNATURE**

**PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY:**

We appreciate your interest in Family Services, Inc. Each application will receive consideration. Should our needs meet your qualifications, you may be asked to come in for a personal interview.

We have committed ourselves to the recruitment, employment, training and promotion of employees solely on the basis of the individual's qualifications, in compliance with Federal and State equal employment laws. Persons employed will be required to provide verification of information on this form.

The Immigration Reform and Control Act requires employers to view original documents confirming the identity and right to work of all applicants who have been offered a job with the understanding that the final acceptance by both sides depends on those documents.

We desire to conduct business with the highest possible degree of safety and efficiency. Family Services, Inc. participates in a Drug-Free Workplace Program. If you are extended an offer of employment, employment will be contingent upon satisfactory results of a drug-screening test and a thorough criminal background check. All employees are required to participate in periodic testing for substance abuse, including alcohol.

**In submitting this application, I understand that:**

Submission of this application and subsequent pre-employment interviews are not promises (implied or otherwise) of employment. Successful job applicants will be officially notified by those specifically delegated such authority.

If hired, I understand that I will have to go through an orientation period to determine if I am suited for the position. I further understand that, if hired, my employment is At Will and I may terminate my employment at any time or Family Services, Inc. may terminate my employment at any time, for any reason and without notice.

I also understand a conditional offer of employment will be based on results of a later medical examination, if applicable. Any misrepresentation of facts in this application or in connection with any physical examination will be just cause for rejection of my application or dismissal if hired.

If hired, I will accept and abide by all rules and regulations governing my employment.

I authorize Family Services, Inc. to make any inquiry or investigation they may deem necessary and proper for employment consideration.

If I leave employment with Family Services, Inc. for any cause, voluntary or otherwise, I authorize Family Services, Inc. to answer any inquiries regarding my performance and qualifications and, as far as may be known, the reason for my leaving.

I voluntarily release from liability and/or damages all parties who may issue or receive information regarding my application or employment at Family Services, Inc.

I am responsible for necessary transportation to and from work.

Although I may be employed for a specific work schedule, Family Services, Inc. does not guarantee permanent schedules and may alter such arrangements as necessary.

Signature

Date

**FOR OFFICE USE ONLY:**

Application Received (date): \_\_\_\_\_ Via: Mail ( ) Drop In ( ) By Appt. ( )

Positions Considered For \_\_\_\_\_

Applicant Interviewed (date/s) and For What Positions/Vacancies \_\_\_\_\_

Observations/Remarks \_\_\_\_\_

Decision/s and Reason \_\_\_\_\_