



Family Service Agency

Strengthening Individuals & Families

Application for Employment

Family Service Agency considers applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For		Date Of Application		
How Did You Learn About Family Service Agency?				
<input type="checkbox"/> Advertisement		<input type="checkbox"/> Friend		<input type="checkbox"/> Walk-In
<input type="checkbox"/> Employment Agency		<input type="checkbox"/> Relative		<input type="checkbox"/> Other _____
Last Name		First Name		Middle Name
Address	Street	City	State	Zip
Telephone Number(s) Home: Cell:			Social Security Number / /	

If you are under 18 years of age, can you provide required proof of your eligibility to work?

Yes No N/A

Have you ever filed an application with us before?

Yes No N/A

If yes, give date _____

Have you ever been employed with us before?

Yes No N/A

If yes, give date _____

Are you currently employed?

Yes No N/A

May we contact your present employer?

Yes No N/A

Are you prevented from lawfully becoming employed in

this country because of Visa or Immigration Status?

Yes No N/A

Proof of citizenship or immigration status will be required upon employment

On what date would you be available for work?

Are you available to work:

Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall?

Yes No N/A

Can you travel if a job requires it?

Yes No N/A

Do you have a vehicle, current license and insurance?

Yes No N/A

Have you been convicted of a felony

in the last 7 years?

Yes No N/A

Conviction will not necessarily disqualify an applicant from employment

If yes, please explain _____

FAMILY SERVICE AGENCY IS AN EQUAL OPPORTUNITY EMPLOYER

Education/Training/Skills

	Name and Address of School	Courses of Study	Years Completed	Diploma Degree
College				
Graduate Professional				
Other (Specify)				

Please describe any specialized training, apprenticeship, skills, or United States Military training, special job-related skills or experience or foreign language proficiencies:

Please check the space for each software program with which you are PROFICIENT: Word Publisher
 Access Excel Outlook Other (please describe)

References (PROFESSIONAL REFERENCES ONLY)

1.	_____ (_____) (Name/Relationship) (Phone #)
	_____ (Address)
2.	_____ (_____) (Name/Relationship) (Phone #)
	_____ (Address)
3.	_____ (_____) (Name/Relationship) (Phone #)
	_____ (Address)

Employment Experience (Begin with your present or most recent job.)

1.	Employer	Dates Employed
	Address	Work Performed
	Telephone Number(s)	
	Job Title	
	Reason for Leaving	Supervisor
2.	Employer	Dates Employed
	Address	Work Performed
	Telephone Number(s)	
	Job Title	
	Reason for Leaving	Supervisor
3.	Employer	Dates Employed
	Address	Work Performed
	Telephone Number(s)	
	Job Title	
	Reason for Leaving	Supervisor
4.	Employer	Dates Employed
	Address	Work Performed
	Telephone Number(s)	
	Job Title	
	Reason for Leaving	Supervisor
