

*Family
Care
Associates*



Employment Application

(An Equal Opportunity Employer)

This Application will be maintained for 6 months only

Name: (Last, First, M.I.)		
Address:		
City:	State:	Zip Code:
Home Phone ()		
Work Phone ()		
May we contact you at work <input type="checkbox"/> Yes <input type="checkbox"/> No		
Position(s) Applying For:		

By signing below, I understand that misstatements or omissions of information in connection with my application for employment can lead to rejection of my application or dismissal from employment, when discovered. I also, authorize the organization to request references from my current and former employers, and I acknowledge that consideration for employment is contingent on the results of a reference and background check. Therefore, I hereby authorize the organization to analyze the truthfulness of all statements made on this application; and to discuss those results with others involved in the hiring process. In addition, I give my consent for all contacted persons including current and former employers to provide information concerning this application, and I release each such person from liability for providing information to the organization.

I understand that nothing contained in this application, or the granting of an interview is intended to create an employer/employee relationship between the organization and myself either for employment or for the providing of any benefits. No promises regarding employment have been made to me unless made in writing. I further understand and agree that if I am hired, my employment would be "at will," as defined by law where our organization operates: I would have the right to terminate my employment at any time for any reason and that the organization would retain a similar right

I understand that any offers of employment may be contingent upon my taking and successfully passing a drug and/or alcohol test in accordance with organization policy. If I refuse to submit to testing, refuse to sign the consent form, or test positive, the organization will not employ me.

I hereby attest that all statements made by me above are true to the best of my knowledge, and I agree to the terms noted above.

Date: _____ **Applicant's Signature:** _____

Personal Data

Name:				Date:	
	<i>(Last Name)</i>	<i>(First Name)</i>	<i>(Middle)</i>		
Address:					
	<i>(Number)</i>	<i>(Street)</i>	<i>(City)</i>	<i>(State)</i>	<i>(Zip Code)</i>
Telephone #	()				
Telephone # & Name to contact in case of Emergency			()	(Name)	
I am (Check a Box) & will provide necessary documentation to validate that I am					
<input type="checkbox"/> A citizen or national of the United States or <input type="checkbox"/> Authorized by the Immigration and Naturalization Service to work in the United States.					
Have you ever been convicted of a crime (other than minor traffic violations)?					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, when, where, and disposition of the conviction: _____					
Note: An applicant for employment is not obligated to disclose sealed or expunged records of conviction or arrest.					

WORK EXPERIENCE: List below your last four employers, starting with the most current one.

Company Name:		Address:		
Position:	Earnings – Beginning	Ending	Dates - From	To
Supervisor -Name and Title		Phone ()		
Reason for Leaving				
Company Name:		Address:		
Position:	Earnings - Beginning	Ending	Dates - From	To
Supervisor - Name and Title		Phone ()		
Reason for Leaving				
Company Name:		Address:		
Position:	Earnings - Beginning	Ending	Dates - From	To
Supervisor Name and Title		Phone ()		
Reason for Leaving				
Company Name:		Address:		
Position:	Earnings - Beginning	Ending	Dates - From	To
Supervisor Name and Title		Phone ()		
Reason for Leaving				

Additional Experience

Please list any additional experience.

Are there any other places you have worked in addition to those listed above? Yes No