

# Family Care Associates



## *Employment Application*

**(An Equal Opportunity Employer)**

This Application will be maintained for 6 months only

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

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**

<b>Name:</b>				<b>Date:</b>	
	<i>(Last Name)</i>	<i>(First Name)</i>	<i>(Middle)</i>		
<b>Address:</b>					
	<i>(Number)</i>	<i>(Street)</i>	<i>(City)</i>	<i>(State)</i>	<i>(Zip Code)</i>
<b>Telephone #</b>	( )				
<b>Telephone # &amp; Name to contact in case of Emergency</b>			<b>(Name)</b>		
			( )		
<b>I am (Check a Box) &amp; will provide necessary documentation to validate that I am</b>					
<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.					
<b>Have you ever been convicted of a crime (other than minor traffic violations)?</b>					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>If yes, when, where, and disposition of the conviction:</b> _____					
<b>Note:</b> 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.

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

**Additional Experience**

Please list any additional experience.

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