



# Employment Application

## Personal Information

Name		Today's Date	
Address		City	State      Zip Code
Phone Number (incl. area code)	Mobile Number	Email Address	
Are You Eligible to Work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are You At Least The Age Of 18 Years Or Older? Yes <input type="checkbox"/> No <input type="checkbox"/>	Have You Ever Been The Subject Of An Indicated Report Of Child Abuse? Yes <input type="checkbox"/> No <input type="checkbox"/>	Do You Have A Valid Driver's License? Yes <input type="checkbox"/> No <input type="checkbox"/>
Have You Ever Been Convicted Of A Crime? Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, please explain)			

## Position Information

Position You Are Applying For	Available Start Date	Desired Pay
How did you hear about the position?	Do you have anything scheduled (i.e. vacation) that may coincide with your ability to begin?	
Do you have a relative or friend that is currently employed at the Family Help Center?		
Employment Desired <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal/Temporary		

## Education Information

School Name	Location	Years Attended	Degree Received	Major

## Employment History - Include your last seven (7) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time.

Employer (1)	Job Title & Description Of Position	Dates Employed
Supervisor & Title	Work Phone	May We Contact?
Address	Reason For Leaving	

<b>Employer (2)</b>	Job Title & Description Of Position	Dates Employed
Supervisor & Title	Work Phone	May We Contact?
Address	Reason For Leaving	
<b>Employer (3)</b>	Job Title & Description Of Position	Dates Employed
Supervisor & Title	Work Phone	May We Contact?
Address	Reason For Leaving	
<b>Employer (4)</b>	Job Title & Description Of Position	Dates Employed
Supervisor & Title	Work Phone	May We Contact?
Address	Reason For Leaving	

**References** – Please list three professional (not personal) references, at least two who can verify employment history qualifications for the position you are applying for.

Name	Title	Company	Phone

## Signature Disclaimer

Family Help Center is an equal opportunity employer. Family Help Center does not discriminate in employment on account race, color, religion, age, sex, national origin, disability status, genetics, protected veteran status, sexual orientation, gender identity or expression, or any other characteristic protected by federal, state or local laws.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Family Help Center to hire me. If I am hired, I understand that either Family Help Center or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of Family Help Center has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to Family Help Center true and complete information on this application. No requested information has been concealed. I authorize Family Help Center to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Name (Print)	Signature	Date