

Family Alliance, Inc.
Application for Employment

Date _____

Last Name _____ First Name _____ Middle _____

Present Address _____ Social Security # _____

Phone # _____

Are you 18 years of age or older? Yes _____ No _____

Are you legally eligible to work in the U.S.? Yes _____ No _____

Have you ever applied for a position with Family Alliance before? Yes _____ No _____

If yes, give date and position _____

Do you have a valid driver's license? Yes _____ No _____

License # _____ State _____

Position applying for _____ Date Available _____

Type of employment desired: Full Time _____ Part Time _____ Salary required _____

Are you capable of performing the job functions of the position you are applying for, provided reasonable accommodations can be made? Yes _____ No _____

Education Courses Studied	Name and Location	Number of Years Attended	Did you Graduate?
High School			
College			
Trade/Business School Or Post Graduate Education			

Professional Licenses, Certifications or Memberships _____

EMPLOYMENT HISTORY (List below last 3 employers, start with the most recent)

Business/Company

Name _____ From (Month/Yr) _____ To (Month/Yr) _____

Address _____ Position Held _____

City/State _____ Phone # _____ Salary _____

Work Responsibilities _____

Reason for Leaving _____

May we contact? Yes _____ No _____

Business/Company

Name _____ From (Month/Yr) _____ To (Month/Yr) _____

Address _____ Position Held _____

City/State _____ Phone # _____ Salary _____

Work Responsibilities _____

Reason for Leaving _____

May we contact? Yes _____ No _____

Business/Company

Name _____ From (Month/Yr) _____ To (Month/Yr) _____

Address _____ Position Held _____

City/State _____ Phone # _____ Salary _____

Work Responsibilities _____

Reason for Leaving _____

May we contact? Yes _____ No _____

PROFESSIONAL REFERENCES (List 3 professional/business references that we may contact. Do not list personal references.)

1. Name _____ Address _____
Phone Number _____
Relationship _____ Years Known _____
2. Name _____ Address _____
Phone Number _____
Relationship _____ Years Known _____
3. Name _____ Address _____
Phone Number _____
Relationship _____ Years Known _____

I hereby authorize the person(s) named, or listed, on my application and/or resume (or any other persons who can verify such information) to discuss and verify the information that I have provided to Family Alliance, Inc. I give my consent for all contacted persons, including my former employer(s), to provide information (including transcripts, grades and similar information) concerning my resume and/or application for employment. I hereby release such person(s) from liability for discussing or providing this information to Family Alliance, Inc., it's employees, agents or representatives.

I hereby certify that all statements in this application are true and correct to the best of my knowledge and understand that falsification of any information shall be grounds for termination of employment. I also give the agency permission to verify education credentials/degrees and to contact references/previous employers to obtain work performance information. I understand that all offers of employment are conditional, subject to the receipt of satisfactory references and/or medical examination which may include drug testing. I further understand my employment will be employment-at-will. My employment and compensation can be terminated with or without cause or notice at anytime by the agency or me. I understand that no Family Alliance, Inc. client, nor any employee or agency representative has authority to enter into an agreement for employment for a specified period of time or make agreement contrary to employment-at-will status, except the agency Executive Director, which agreement must be in writing.

Signature _____

Family Alliance, Inc. is an Equal Opportunity Employer