

APPLICATION FOR EMPLOYMENT

Extended Family Services

(Equal Opportunity Employer)

Date: _____

PERSONAL INFORMATION:

Name: _____ Social Security Number: _____

Address: _____ Apt. #: _____

City: _____ State: _____ Zip: _____

Phone: _____ Other phone: _____ Are you 18 years or older?: _____

Other cities, states that you have resided:

City, State, Dates: _____ City, State, Dates: _____

City, State, Dates: _____ City, State, Dates: _____

City, State, Dates: _____ City, State, Dates: _____

Position desired: _____ **Date you can start:** _____

Full Time _____ Part Time _____ Overnights _____ Weekends _____ 24 Hour Shifts _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR?: _____

If yes, explain in detail:

EDUCATION:

SCHOOLS / COLLEGES ATTENDED

School	Location	# years	Degree / Year

FORMER EMPLOYERS:

List below your employers from the past 5 years, starting with the most recent

Present or Last Employer: _____
Address: _____ Phone: _____
City: _____ State: _____ Zip: _____
Starting date: _____ Leaving date: _____ Job Title: _____
Name of Supervisor: _____ May we contact your supervisor: _____
Description of Work: _____
Reason for Leaving: _____

Previous Employer: _____
Address: _____ Phone: _____
City: _____ State: _____ Zip: _____
Starting date: _____ Leaving date: _____ Job Title: _____
Name of Supervisor: _____ May we contact your supervisor: _____
Description of Work: _____
Reason for Leaving: _____

Previous Employer: _____
Address: _____ Phone: _____
City: _____ State: _____ Zip: _____
Starting date: _____ Leaving date: _____ Job Title: _____
Name of Supervisor: _____ May we contact your supervisor: _____
Description of Work: _____
Reason for Leaving: _____

Please list this information for other employers during the past 5 years, below and/or on the back of this page.

REFERENCES:

List the names of three persons you are not related to, whom you have known at least one year

Name: _____ Relationship: _____
Address: _____ Phone: _____
City: _____ State: _____ Zip: _____
Business (if applicable): _____ Years acquainted: _____

Name: _____ Relationship: _____
Address: _____ Phone: _____
City: _____ State: _____ Zip: _____
Business (if applicable): _____ Years acquainted: _____

Name: _____ Relationship: _____
Address: _____ Phone: _____
City: _____ State: _____ Zip: _____
Business (if applicable): _____ Years acquainted: _____

SPECIAL SKILLS:

Describe any special skills or qualifications for this work:

AUTHORIZATION:

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application or in my interview shall be grounds of dismissal. I authorize Extended Family Services to investigate any statement contained in this application as necessary to determine my qualifications. I understand that this application is not and is not intended to be any kind of contract or agreement.

Signature: _____

Date: _____