

DATE OF APPLICATION: \_\_\_\_\_

# FAMILY SERVICES APPLICATION FOR EMPLOYMENT

*We consider applicants for all positions without regard to race, color, religious creed, ancestry, sex, disability, age or national origin, or other classifications protected by law.*

(PLEASE PRINT)

Position Applied For:	Salary Expectation
	\$

**Include all names you have used:**

Last Name	First Name	Middle Name
Address: Number	Street	City State Zip Code
Telephone Number:		
Work: ( )	Home: ( )	Cell: ( )
E-mail Address:		

THE BEST TIME TO CONTACT YOU IS _____ : _____	AM	PM
HAVE YOU PREVIOUSLY APPLIED TO FAMILY SERVICES FOR EMPLOYMENT OR BEEN EMPLOYED BY FAMILY SERVICES?	YES	NO
IF SO, WHEN? _____		
HOW DID YOU LEARN ABOUT OUR ORGANIZATION? (Please Circle)		
Advertisement	Social Media	Friend/Relative _____
Employment Agency	Inquiry	Other _____
HOW SOON WOULD YOU BE AVAILABLE FOR EMPLOYMENT? _____		
WHAT HOURS ARE YOU AVAILABLE FOR WORK? (Please Circle)		
Full Time (37.5 hours/week)	Part Time (under 37.5 hours/week)	
Other _____		
ARE YOU CURRENTLY EMPLOYED?	YES	NO
MAY WE CONTACT YOUR CURRENT EMPLOYER?	YES	NO
DO YOU HAVE A CURRENT, VALID DRIVER'S LICENSE?	YES	NO
ARE YOU 18 YEARS OF AGE OR OLDER?	YES	NO
DO YOU HAVE A HIGH SCHOOL DIPLOMA OR GED?	YES	NO
ARE YOU RELATED TO A STAFF PERSON OR BOARD MEMBER OF FAMILY SERVICES?	YES	NO
ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES?	YES	NO

**Several positions at Family Services require a valid driver's license and reliable transportation.**

**FAMILY SERVICES IS AN EQUAL OPPORTUNITY EMPLOYER**

Please Note: If you are applying for a position that will involve contact with children, you will be required to furnish current FBI, Act 33 and Act 34 clearances. Also, official graduate and/or undergraduate transcripts confirming graduation are required. All applicants interviewed will be screened to determine if they have been excluded from participation in federal health care programs.

## EDUCATION

SCHOOL	NAME AND LOCATION	DID YOU GRADUATE	DEGREE OR DIPLOMA
High School		Yes No	
Undergraduate College		Yes No	
Graduate/ Professional		Yes No	
Other		Yes No	

## EMPLOYMENT HISTORY

Please provide complete information for all questions in this section. Failure to provide all employers could result in an unsatisfactory review of your application. Begin with your most recent or current position. If you require additional space to provide information for the description of your responsibilities, your resume or an additional sheet may be attached to this application. However, answers to all other questions must be provided on this form.

Employer	DATES EMPLOYED		RESPONSIBILITIES FOR THIS POSITION
	From	To	
Address			
Telephone Number(s)			
Job Title	HOURLY RATE/ SALARY		
	Starting	Final	
Supervisor			
Reason for Leaving			

Employer	DATES EMPLOYED		RESPONSIBILITIES FOR THIS POSITION
	From	To	
Address			
Telephone Number(s)			
Job Title	HOURLY RATE/ SALARY		
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	From	To	
Address			
Telephone Number(s)			
Job Title	HOURLY RATE/ SALARY		
Supervisor	Starting	Final	
Reason for Leaving			

COMMENTS: (Include an explanation for any gaps in employment)

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**ADDITIONAL EMPLOYMENT INFORMATION:**

Other qualifications – Summarize special job-related skills and qualifications acquired from employment or other experience

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**SPECIALIZED SKILLS: (Skills/Equipment Operated)**

PLEASE CIRCLE

Terminal

PC

Typewriter

Spreadsheet

Software Programs: \_\_\_\_\_

Other: \_\_\_\_\_

**CERTIFICATIONS, LICENSES, HONORS, ETC.** (List only those that relate to the position for which you are applying and omit any that may disclose your race, creed, sex, religion, etc.)

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**REFERENCES** – List three (3) references that are not relatives or employers listed previously.

Name	Address	Phone Number
1		
2		
3		

Have you ever been or are you currently excluded from Medicare, Medicaid, or any other federal health care program? If yes, please explain: \_\_\_\_\_

YES NO

Have you ever been disciplined or discharged for absenteeism, tardiness, failure to notify your company when absent, or any other attendance-related reasons? If yes, please explain:

YES NO

Have you ever been disciplined or discharged for theft, unauthorized removal of company property, or related offenses? If yes, please explain:

YES NO

Have you ever been disciplined or discharged for fighting, assault or related offenses? If yes, please explain:

YES NO

Have you ever been disciplined or discharged for being under the influence of alcohol or drugs, or for possession, use or abuse of alcohol or drugs? If yes, please explain:

YES NO

Have you ever been disciplined or discharged for insubordination? If yes, please explain:

YES NO

Have you ever been disciplined or discharged for any other reason? If yes, please explain:

YES NO

#### APPLICANT'S STATEMENT

I certify that the forgoing statements are true, correct and complete to the best of my knowledge and belief and hereby grant Family Services of NW PA permission to verify such answers and investigate work and personal references. I authorize the employers, schools or persons which I have named above to give any information regarding my previous employment, character, general reputation and personal characteristics, together with any information that they have regarding me, whether or not it is in their records. I hereby release Family Services of NW PA and the employees, schools and persons named above from all liability for any damage that I may suffer as a result of issuing this information. I understand this consent can be revoked by written request, except to the extent that action has been taken relying on this consent. This authorization to verify information and seek reference information will expire 90 days from the date indicated below.

I understand that any false statements on this application or in any interview may be considered sufficient reason for rejection of this application or for dismissal if such false information is discovered subsequent to my employment.

I understand that no representation made by Family Services of NW PA or its supervisors, whether in writing or made orally, constitutes a contract of employment or implies any promise or limitation regarding specific policies or benefits, etc. or limits Family Services of NW PA's right to discharge me without notice or liability to me for salary or wage except such as may have been earned up to the date of termination of service.

I also agree, if hired, that upon termination of my employment with Family Services of NW PA, whether upon my decision or Family Services', that Family Services may offset and deduct from my final paycheck any and all amounts I owe to them for any reason, including but not limited to salary advances and loans.

Family Services is an Equal Opportunity Employer and considers all candidates' employment regardless of race, creed, color, religion, sex, national origin, age, disability, or other classification protected by law.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

# VOLUNTARY AFFIRMATIVE ACTION NON-DISCRIMINATION APPLICANT DATA RECORD

Applicants are considered for all positions and employees are treated during employment without regard to race, color, religious creed, ancestry, sex, disability, age, national origin, or medical condition.

As employers/government contractors, we comply with government regulations and affirmative action responsibilities.

Solely to help us comply with government record keeping, reporting and other legal requirements, we ask that you complete this Voluntary Applicant Data Record. We appreciate your cooperation. Your cooperation is voluntary. Inclusion or exclusion of any data will not affect any employment decision.

This data is for periodic government reporting and will be kept in a CONFIDENTIAL FILE separate from your Application for Employment.

**(PLEASE PRINT)**

Date: \_\_\_\_\_

POSITION(S) APPLIED FOR: \_\_\_\_\_

REFERRAL SOURCE:      Advertisement      Friend      Walk-In  
                                 Employment Agency      Relative      Other \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS:      \_\_\_\_\_  
                                 Number      Street      City      State      ZIP

Special Employment Notice of Disabled Veterans, Vietnam Era Veterans and Individuals with Physical and/or Mental Handicaps.

Government contractors are subject to Section 402 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1975, as amended which requires government contractors to make affirmative action to employ and advance in employment qualified disabled individuals.

If you are a disabled veteran, or have a physical or mental handicap, you are invited to volunteer information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job in a proper and safe manner. This information will not jeopardize or adversely affect any consideration you may receive for employment.

If you wish to be identified, please sign here. \_\_\_\_\_

## AFFIRMATIVE ACTION SURVEY

Government agencies require periodic reports on the sex, ethnicity, handicapped and veteran status of it applicants. This data is for analysis and affirmative action only. Submission of information about a handicap is strictly voluntary.

CIRCLE ONE:      Male      Female

CIRCLE ONE OF THE FOLLOWING:  
Race/Ethnic Group:      White      Black  
                                 Hispanic      Asian  
                                 American Indian/Alaskan Native      Native Hawaiian or other Pacific Islander  
                                 Multi-Racial Origins      Other Origins

CIRCLE IF ANY OF THE FOLLOWING ARE APPLICABLE:  
                                 Handicapped Individual      Disabled Veteran      Vietnam Era Veteran

# ADDITIONAL QUESTIONS

(Please complete the below listed questions)

Describe your top two or three strengths.

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Describe two or three areas in which you need to improve.

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Describe what you look for in someone who supervises you.

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