



APPLICATION FOR EMPLOYMENT

GENERAL INFORMATION

Name (Last)	(First)	(Middle Initial)	Home Telephone () -
Address (Mailing Address)	(City)	(State)	(Zip) Mobile Telephone () -
E-Mail Address		Are you legally eligible to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Driver's License Number (If driving may be required in position you are applying for)		Have you ever pled "guilty or "no contest" to or been convicted of a crime, including violations? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide date(s) and details			
Have you ever been employed here before? If yes, give dates and positions.			

POSITION

Position or Type of Employment Desired	Will Accept: <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Per Diem	Shift: <input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Rotating
Referral Source - How did you hear about us?		
Are you related to anyone currently employed by FSL? If yes, who?		
Salary Desired	Date Available for Work	

EDUCATION AND TRAINING

High School, College, Graduate School (Most recent first)				
School Name and Address	Years Completed	Graduate	Degree Earned	Major or Subject
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Professional License, Certificate or Registration	Number	Where Issued		Expiration Date
Professional License, Certificate or Registration	Number	Where Issued		Expiration Date
Languages Read, Written or Spoken Fluently Other Than English				

VETERAN INFORMATION (Most recent)

Branch of Service	Date of Entry	Date of Discharge
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SPECIAL SKILLS (List all pertinent skills, software and equipment that you can operate)

(Maximum 1000 characters)

WORK EXPERIENCE Include voluntary work and military experience (Most Recent First)

Employer		Telephone Number () -	From (Month/Year)
Address			
Job Title			To (Month/Year)
Specific Duties (Maximum 1000 characters)			Hours Per Week
			Last Salary
			Supervisor
		Reason For Leaving	
Employer		Telephone Number () -	From (Month/Year)
Address			
Job Title			To (Month/Year)
Specific Duties (Maximum 1000 characters)			Hours Per Week
			Last Salary
			Supervisor
		Reason For Leaving	
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Job Title			To (Month/Year)
Specific Duties (Maximum 1000 characters)			Hours Per Week
			Last Salary
			Supervisor
		Reason For Leaving	

BUSINESS REFERENCES (List the Name, Title, Relationship, Number of Years Known and Phone Number for three business references.)

Name	Title	Relationship	Years Known	Phone Number

APPLICANT STATEMENT

I certify the information contained in this application is true, correct, and complete. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with Family Service League is of an at will nature, which means that the employee may resign at any time and the employer may discharge the employee at any time, with or without cause. It is further understood that this at will employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this Family Service League.

In the event of employment, I understand that false, misrepresented or misleading information given on my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of Family Service League.

I understand that if offered a position with Family Service League I may be required to submit to a pre-employment background check, including fingerprinting, and a pre-employment drug test as conditions of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment checks will result in withdrawal of any employment offer or termination of employment if already employed.

Signature of Applicant _____ **Date** _____

Family Service League is an Equal Opportunity Employer