



APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer: We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, genetic information or any other status protected by law or regulation. It is our intention that all qualified applicants are given equal opportunity and that selection decisions be based on job-related factors.

Position Applied For: _____ **Date:** _____

LAST NAME	FIRST NAME	MI
STREET ADDRESS		HOME PHONE
CITY	STATE	ZIP CODE
MAY WE CONTACT YOU AT WORK?		

EDUCATION	HIGH SCHOOL	COLLEGE	TECHNICAL
NAME OF SCHOOL OR PROGRAM			
ADDRESS (CITY/STATE)			
DEGREE/COURSE OR CERTIFICATE			

PROFESSIONAL LICENSES/CERTIFICATION/REGISTRATION:

SKILLS/SPECIAL TRAINING:

BUSINESS MACHINES/SOFTWARE/EQUIPMENT:

GENERAL QUESTIONS

- Have you ever applied at TFC/LF before? YES NO If yes, give dates: _____
- Have you worked or attended school under any other name? YES NO If yes, give names: _____
- Are you 16 years old or over? If under 18, state age: _____ YES NO
- Can you perform the essential functions of the job you are applying for? YES NO
- Can you, after employment, submit verification of your legal right to work in the United States? YES NO
- Are you now, or expected to be engaged in any other business or employment? YES NO

WORK HISTORY: List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. Note: A job offer may be contingent upon acceptable references from current or former employers.

Most Recent Job Held			
Name of Employer		Type of Business	
Address	City	State	Zip Code
Dates Employed From (month/year) – To (month/year)		Title	
Name and Title of Supervisor		Telephone Number ()	
May We Contact? YES <input type="checkbox"/> NO <input type="checkbox"/>		Type of Employment Part-time <input type="checkbox"/> Full-time <input type="checkbox"/>	
Brief Description of Duties			
Reason for Leaving			

Previous Employment			
Name of Employer		Type of Business	
Address	City	State	Zip Code
Dates Employed From (month/year) – To (month/year)		Title	
Name and Title of Supervisor		Telephone Number ()	
May We Contact? YES <input type="checkbox"/> NO <input type="checkbox"/>		Type of Employment Part-time <input type="checkbox"/> Full-time <input type="checkbox"/>	
Brief Description of Duties			
Reason for Leaving			

Previous Employment			
Name of Employer		Type of Business	
Address	City	State	Zip Code
Dates Employed From (month/year) – To (month/year)		Title	
Name and Title of Supervisor		Telephone Number ()	
May We Contact? YES <input type="checkbox"/> NO <input type="checkbox"/>		Type of Employment Part-time <input type="checkbox"/> Full-time <input type="checkbox"/>	
Brief Description of Duties			
Reason for Leaving			

BUSINESS REFERENCES: List 3 people familiar with your employment history; direct supervisors preferred:

Name	Company	Business Phone	Home Phone	Relation
1.		()	()	
2.		()	()	
3.		()	()	

AGREEMENT

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I authorize all persons listed above (and on the accompanying resume, if any) to give The Family Center/La Familia (TFC/LF) any and all information concerning my previous employment and education and any pertinent information they may have, personal or otherwise, and release all parties, such as persons and The Family Center/La Familia, from liability for any damage that may result from furnishing same to The Family Center/La Familia.

If employed by The Family Center/La Familia, I agree to abide by the policies and procedures of The Family Center/La Familia. I further understand that my employment can be terminated, with or without cause or notice, at any time, at the discretion of TFC/LF or myself. I further understand that no manager or representative of TFC/LF, other than the president of TFC/LF or an Executive Director, has any authority to enter into any agreement, oral or written, on behalf of TFC/LF for a term of employment or to make any assurance or promise of continued employment.

I understand that TFC/LF will obtain criminal background records for all employees, and may check of driving, education, degrees, professional licenses and/or certification records depending on the position. By signing this application, I authorize the procurement of a consumer and/or investigative consumer report by TFC/LF as part of the pre-employment background investigation and if hired, at any time during my employment

Signature: _____

Date: _____