



Employment Application

Should you need any special accommodations to participate in the application process (i.e. assistance in completing the application, accommodations for the interview, accommodations for any job-related employment tests, or any other needed accommodations), please let us know at the time of application, or at the time an appointment is scheduled.

Personal Information						
Legal Last Name		Legal First Name		Middle Initial		
May we contact you via E-mail? ☐ Yes ☐ No		If so, please provide your E-mail address:				
Social Security Number		Date Available to start work				
Home phone number		Message/Mobile phone				
Address (number, street, apartment number)						
City		State		Zip		
Were you previously employed by Client Name? ☐ Yes ☐ No		If no, how were you referred?				
If YES, Date: From _____ To _____		Advertisement (specify):				
Position:		☐ Employment Agency (Company):				
Location:		☐ Employee Referral (Name of Employee):				
		☐ School:				
		☐ Other (Specify):				
CAN YOU, AFTER EMPLOYMENT OFFER, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES? ☐ Yes ☐ No (In accordance with the immigration Reform and Control Act of 1986, any offer of employment is conditioned upon satisfactory proof of applicant's identity and legal ability to work in the United States.)						
Are you authorized to work for all U.S. employers or only your current employer? ☐ All ☐ Current						
Are you at least eighteen years of age? ☐ Yes ☐ No (If less than 18 yrs., you will need to provide a work permit and/or age certificate upon offer of employment)						
Have you ever been convicted of a felony? ☐ Yes ☐ No If YES, please explain: (such a conviction will not necessarily disqualify you from employment with Client Name. Please attach an additional sheet if necessary).						
Job Interest						
Wage/Salary desired: \$ _____ per _____		Preferred work schedule ☐ Full-time ☐ Part-time ☐ Temporary		Hours of Availability:		
Position for which you are applying:				Sun	Mon	Tues
Location:				Wed	Thu	Fri
				Sat		
Education Information						
Type of School	Name and Location	Years Completed	Major Course of Study	Graduated (Yes or No)	Degree	
High School						
College/ University						
Graduate School						
Technical/ Business						
Please list any job related professional, trade, business or civic activities, organizations, and associations in which you participated, or of which you are a member. (You may omit those that indicate race, color, religion, political affiliations, national origin, ancestry, disability, marital status, sex, or age.)						

Job-Related Skills or Experience

List any job related skills or experience that would qualify you for the position for which you are applying:

Employment History

Starting with your most recent job, accurately list ALL jobs you have held in the past ten (10) years. Give correct addresses and telephone numbers. Include volunteer experience.

1.

Name of current/most recent employer

Position Held

Employer's address (number/street)

City

State

ZIP

Dates Employed:

From

To

Position (starting):\$ _____ Final salary:\$ _____

☐ Hourly ☐ Weekly ☐ Monthly ☐ Yearly

May we contact your present employer? ☐ Yes ☐ No

Reason for leaving:

Telephone Number: ()

Supervisor (name and title):

2.

Name of current/most recent employer

Position Held

Employer's address (number/street)

City

State

ZIP

Dates Employed:

From

To

Position (starting):\$ _____ Final salary:\$ _____

☐ Hourly ☐ Weekly ☐ Monthly ☐ Yearly

May we contact your present employer? ☐ Yes ☐ No

Reason for leaving:

Telephone Number: ()

Supervisor (name and title):

3.

Name of current/most recent employer

Position Held

Employer's address (number/street)

City

State

ZIP

Dates Employed:

From

To

Position (starting):\$ _____ Final salary:\$ _____

☐ Hourly ☐ Weekly ☐ Monthly ☐ Yearly

May we contact your present employer? ☐ Yes ☐ No

Reason for leaving:

Telephone Number: ()

Supervisor (name and title):

References

Please provide the names, addresses, and telephone numbers of at least two (2) professional references who are not related to you.

1. Name

Title

Address

Telephone Number

2. Name

Title

Address

Telephone Number

3. Name

Title

Address

Telephone Number

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING BELOW

We greatly appreciate your interest in our organization. Please be advised that applicants are considered for all positions without regard to race, age, color, sex, religion, national origin, disability, marital or veteran status. For consideration for employment with us, the application must be completed in its entirety and signed by you.

This application will remain open for consideration for the position for which you applied for ninety (90) days from today's date. If you wish to be considered for this position or another position after ninety days from this date, you will need to complete and submit another application.

I certify that the answers given by me are true and correct without omissions of any kind whatsoever, and that intentional falsification of information given will be grounds for disciplinary action, up to and including termination.

I understand any offer of employment may be contingent upon a credit, criminal or other types of background checks, including a drug screening. I hereby authorize all references and former employers listed on my employment application to give the company any and all information concerning my previous employment and any pertinent information they might have, personal or otherwise, and release all parties from any claims, causes of action, or liability from damages that may or could result in furnishing such information to the company.

I understand that if hired, the employment relationship is at-will. This means that either American Family Care (AFC) or I may terminate the employment relationship at any time, for any or no reason.

Signature of Applicant: _____

Date: _____

American Family Care (AFC) IS AN EQUAL OPPORTUNITY EMPLOYER