

Family Services of Tulare County
Application for Employment
An Equal Opportunity Employer

Please Print

<hr/> <small>Last Name</small>	<hr/> <small>First Name</small>	<hr/> <small>Middle Initial</small>	<hr/> <small>Date of Application</small> / /
<hr/> <small>Present Address</small>	<hr/> <small>City</small>	<hr/> <small>St</small>	<hr/> <small>Zip Code</small>
<hr/> <small>Mailing Address (If different from present address)</small>	<hr/> <small>City</small>	<hr/> <small>St</small>	<hr/> <small>Zip Code</small>
<hr/> <small>()</small> <small>Home Phone</small>	<hr/> <small>()</small> <small>Business Phone</small>	<hr/> <small>Social Security Number</small>	

Employment Desired

Position applying for: _____

Available to work: Full-Time Part-Time Hours preferred: _____

Personal Information

Have you ever applied to or worked for Family Services before? Yes No

If yes, when and what position? _____

Do you have any friends or relatives working for Family Services? Yes No

If yes, state name(s) and relationship:

<hr/> <small>Name</small>	<hr/> <small>Relationship</small>
<hr/> <small>Name</small>	<hr/> <small>Relationship</small>

Why are you applying for work at Family Services? _____

If hired, would you have a reliable means of transportation to and from work? Yes No

Are you able to provide a valid driver's license and proof of auto insurance? Yes No

Are you at least 18 years old (If under 18, hire is subject to verification that you are of minimum legal age.) Yes No

If hired, can you present evidence of your citizenship or proof of your legal right to live and work in this country? Yes No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes No

If no, describe the functions that cannot be performed. _____

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? Yes No

(Convictions for marijuana-related offenses that are more than two years old need not be listed.) If yes, state nature of the crime(s), when and where convicted and disposition of the case. _____

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Date: 09/20/2000

Education, Training and Experience

School	Name and Address	No. of years Completed	Did you Graduate?	Degree or Diploma
High School	Name _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Address, City, St _____			
College University	Name _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Address, City, St _____			
Business Vocational	Name _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Address, City, St _____			

Employment History

List below all present and past employment starting with your most recent employer (last five years is sufficient). Account for periods of unemployment. You must complete this section even if attaching a resume. Volunteer positions may be included. Attach additional pages if necessary.

Employer	Dates		Position / Duties
	From	To	
Address	Phone Number		
Job Title	Supervisor's Name	Salary	
		Start	Final
Reason for leaving			
Employer	Dates		Position / Duties
	From	To	
Address	Phone Number		
Job Title	Supervisor's Name	Salary	
		Start	Final
Reason for leaving			
Employer	Dates		Position / Duties
	From	To	
Address	Phone Number		
Job Title	Supervisor's Name	Salary	
		Start	Final
Reason for leaving			
Employer	Dates		Position / Duties
	From	To	
Address	Phone Number		
Job Title	Supervisor's Name	Salary	
		Start	Final
Reason for leaving			

References

List below three persons not related to you who have knowledge of your work performance within the last three years.

_____	_____	_____
First Name	Last Name	Phone Number
_____	_____	_____
First Name	Last Name	Phone Number
_____	_____	_____
First Name	Last Name	Phone Number

Please Read Carefully, Initial Each Paragraph and Sign Below

Initials

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

Initials

I hereby authorize the company to thoroughly investigate my references, work record, education, and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers, and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

Initials

I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representative.

Date

Applicant's Signature