

Family Care of the Fox Cities, SC
APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

NAME _____ SOCIAL SECURITY NUMBER _____

PRESENT ADDRESS _____

PHONE NUMBER _____ ARE YOU 18 YEARS OR OLDER _____

EMPLOYMENT DESIRED:

POSITION _____ DATE YOU CAN START/NOTICE _____

SALARY DESIRED _____ EVER APPLIED HERE BEFORE? _____ WHEN _____

ARE YOU EMPLOYED NOW? _____ MAY WE INQUIRE OF PRESENT EMPLOYER _____

PHYSICAL RECORD/GENERAL

Do you have any physical limitations that preclude performing any work for which you are being considered? _____

If yes, what can be done to accommodate your limitation _____

MILITARY SERVICE: _____ RANK _____ PRESENTLY IN RESERVES/NATIONAL GUARD _____

EDUCATION:

NAME LOCATION	NUMBER OF YEARS ATTENDED	YEAR GRADUATED	GRADE POINT AVERAGE	SUBJECTS
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HIGH SCHOOL _____

COLLEGE _____

TECHNICAL SCHOOL _____

FORMER EMPLOYERS:

DATES FROM /TO	NAME/ADDRESS	EMPLOYER TELEPHONE NUMBER	SALARY	POSITION	REASON FOR LEAVING
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REFERENCES:

Give the names of three persons not related to you whom you have known for at least one year.

NAME	BUSINESS	EMAIL ADDRESS	PHONE NUMBER	YEARS KNOWN
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“I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.”

“I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, person or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.”

SIGNATURE _____ DATE _____

_____ DO NOT WRITE BELOW THIS LINE _____

INTERVIEWED BY _____ HIRED? _____ POSITION _____ WAGE _____

START DATE _____ BENEFITS AGREEMENT _____

DOB _____ ADDITIONAL INFORMATION _____