

**FAMILY & COMMUNITY SERVICES, INC.  
EMPLOYMENT APPLICATION**

**705 Oakwood St., Suite 221, Ravenna, Ohio 44266 Phone: (330) 297-7027**

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

It is the policy of Family & Community Services to consider all applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, genetics or any legally protected status.

**PLEASE PRINT**

Last Name (list other names used)	First Name	Middle Name
Complete Address (address, street, city, state, zip)		
Telephone Numbers(s)		
Position(s) Applied For	Date of Application	

How did you learn about us?    Advertisement   Agency   Friend   Relative   Walk-In   Other \_\_\_\_\_

Have you ever filed an application with us before?                      Yes   No            If yes, give date \_\_\_\_\_

Have you ever been employed with us before?   Yes   No   If yes, give date \_\_\_\_\_ Position \_\_\_\_\_

Have you ever been convicted of a crime?   Yes   No

Do any of your relatives work here now?   Yes   No   If yes, please name \_\_\_\_\_

Are you currently employed?   Yes   No   Are you currently on lay-off status and subject to recall?   Yes   No

If you are under 18 years of age, can you provide required proof of your eligibility to work?   Yes   No

Have you ever been excluded from the Medicare Program?   Yes   No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?   Yes   No

**PROOF OF CITIZENSHIP OR IMMIGRATION STATUS WILL BE REQUIRED UPON EMPLOYMENT**

On what date would you be available for work? \_\_\_\_\_

Are you available to work:   Full Time   Part time (#of hours)\_\_\_\_\_   Shift Work   Temporary

Days of week:   M   T   W   TH   F   SA   S   (please circle all days you are available)

Shift:   Days   Evenings   Nights   Day/Night   Day/Evening   Rotating

Can you travel if a position requires it?   Yes   No

**FOR PROFESSIONAL OR TECHNICAL STAFF APPLICANTS ONLY**

Are you registered, licensed or certified in your profession or occupation?                      Yes   No

Specify your registration, license or certification status. \_\_\_\_\_

Have any of your licenses/certifications/registrations ever been suspended or revoked in any jurisdiction?   Yes   No

If yes, please explain \_\_\_\_\_

**EMPLOYMENT EXPERIENCE**

Start with your present or last job. Account for all periods of time, including any periods of unemployment.

May we contact your present employer? Yes No

May we contact previous employers? Yes No

Employer		Duties
Address	Dates employed	
Telephone Number	Hourly Rate of Pay	
Job Title	Supervisor	
Reason for leaving		

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IF ADDITIONAL SPACE IS NEEDED FOR EMPLOYMENT HISTORY, PLEASE USE SEPARATE SHEET OF PAPER.

### EDUCATION

	Name & Address	Course of Study	Number of Years Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate/Professional				
Other (e.g., Military)				

### CREDENTIALS (e.g., LSW, PC)

Type	Agency/State of Issue	Expiration Date	Number

Describe any specialized training, apprenticeship, skills and/or extra-curricular activities. You may exclude any information that indicates sex, race, color, religion, age, national origin or disability.


### ADDITIONAL INFORMATION

Summarize special job-related skills and qualifications acquired from employment or other experience. You may exclude any information that indicates sex, race, color, religion, age, national origin or disability.


**CHECK SKILLS/EQUIPMENT OPERATED**

Wordperfect

Excel

Lotus 1-2-3

Access

Other: \_\_\_\_\_

State any additional information you feel may be helpful to us in considering your application.

**REFERENCES**  
(Do not use relatives)

NAME	ADDRESS	PHONE	OCCUPATION
1.			
2.			
3.			

**APPLICANT'S STATEMENT**

I certify that any answers I have given in this application are true and complete to the best of my knowledge.

I authorize a routine investigation of my background and the investigation of all statements contained in this application as may be necessary to arrive at an employment decision, including, but not limited to, an investigation confirming my reported educational background and work history. I release Family & Community Services, Inc. schools, employers and all others from any liability or damages in responding to inquiries regarding the statements made in my application for employment.

I further understand that any employment offer is contingent upon satisfactory reference checks.

In the event of employment, I understand that false or misleading information given or material omissions made in my application or interview(s) may result in my discharge if ever discovered. Further, in the event of employment, I understand that I am required to abide by all rules and regulations of the employer, as modified from time to time with or without notice. I also understand and agree that my employment would be for no definite period and could be terminated at any time and for any reason with or without cause, and without prior notice, at the will of either Family & Community Services, Inc. or myself. I understand that this "at-will" employment relationship may not be changed by any written documentation or conduct unless that change is specifically authorized and acknowledged in writing by an authorized executive of Family & Community Services, Inc.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

NOTE: This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.