



# Families CARE

CENTER FOR ADVOCACY  
RESOURCES & EDUCATION

## APPLICATION FOR EMPLOYMENT

This application must be accompanied by a cover letter and resume. We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, religion, sex/gender, gender expression, national origin, age, disability, marital status, sexual orientation, citizenship, military status, language, veteran's status, mental disorder, political affiliation, pregnancy, genetic information, or any other protected characteristic established by law. EOE/ADA

---

### Personal Information

Date: \_\_\_\_\_ Last Four Digits of Social Security Number: \_\_\_\_\_

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Current Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone Number \_\_\_\_\_ Email \_\_\_\_\_

**Are you 19 years of age or older? YES or NO**

Have you ever been convicted of a crime other than a traffic offense? **YES or NO**

If yes, when, where, and what was the disposition of the case? \_\_\_\_\_

\_\_\_\_\_

Convictions will not necessarily disqualify an applicant from employment. The recency, severity, and pertinence of the conviction to the job will all be considered. Failure to disclose conviction information may be cause for disciplinary action or termination of employment.

**Are you legally eligible for employment in the United States? YES or NO**

---

### Employment Desired

**Transitional Youth Program or Parent Peer Support Program** - Date you can start \_\_\_\_\_

Are you employed now? **YES or NO**

Have you ever applied to Families CARE before, or do you know anyone who works/worked for Families CARE? \_\_\_\_\_

## **Education**

<b><u>School Level</u></b>	<b><u>School Name, City and State</u></b>	<b><u>Number of Years Attended</u></b>	<b><u>Did you Graduate?</u></b>	<b><u>Subjects Studied and Degree(s) Received</u></b>
High School				
College				
Graduate School				

## **Professional References**

List below three persons, not related to you, whom you have professionally known at least one year.

<b>Name</b>	<b>Address/Phone #</b>	<b>Position/Title</b>	<b>Years Acquainted</b>

Activities involved in (civic, religious, athletic, volunteer, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **Authorization**

I certify that all information submitted by me on this application is true and complete. I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected, and if I am employed, my employment may be terminated. I authorize investigation on all statements contained in this application. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time with or without cause and with or without any previous notice.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Employment History**

Present and Former Employers-list most recent first  
May we contact your present employer? **YES** or **NO**

Employer: _____	List your duties: _____
Address: _____	_____
City/State: _____	_____
From: (month/yr.) ____ To: (month/yr.) ____	_____
Job Title: _____	Phone Number: _____
Supervisor's Name: _____	Wage: _____
Reason for Leaving: _____	_____
-----	
Employer: _____	List your duties: _____
Address: _____	_____
City/State: _____	_____
From: (month/yr.) ____ To: (month/yr.) ____	_____
Job Title: _____	Phone Number: _____
Supervisor's Name: _____	Wage: _____
Reason for Leaving: _____	_____
-----	
Employer: _____	List your duties: _____
Address: _____	_____
City/State: _____	_____
From: (month/yr.) ____ To: (month/yr.) ____	_____
Job Title: _____	Phone Number: _____
Supervisor's Name: _____	Wage: _____
Reason for Leaving: _____	_____

**DO NOT WRITE BELOW THIS LINE-OFFICE USE ONLY**

Interviewed by \_\_\_\_\_ Date \_\_\_\_\_

REMARKS \_\_\_\_\_

Hired \_\_\_\_\_ Position \_\_\_\_\_ Starting Date \_\_\_\_\_