



FAMILY SERVICE & CHILDREN'S AID

JACKSON, MI

APPLICATION FOR EMPLOYMENT

MISSION

To strengthen the emotional health and functioning of children, adults, and families through counseling, education, foster care and adoption, advocacy, and program development.

EQUAL OPPORTUNITY EMPLOYER

ALL PERSONS SHALL HAVE THE OPPORTUNITY TO BE CONSIDERED FOR EMPLOYMENT WITHOUT REGARD TO RACE, COLOR, RELIGION, NATIONAL ORIGIN OR ANCESTRY, AGE, DISABILITY, SEX, MARITAL STATUS, OBLIGATION TO SERVE IN THE ARMED FORCES OF THE UNITED STATES, CITIZENSHIP, OR ANY OTHER CHARACTERISTIC PROTECTED BY APPLICABLE FEDERAL, STATE OR LOCAL LAW.

Last Name (Print)	First Name	Middle Name	Social Security #
Address (Street)	(City)	(State)	(Zip)
Mailing Address (if other than above)			Are you 18 years or older? <input type="checkbox"/> YES <input type="checkbox"/> NO If not, _____
Is there any name, other than the name stated above, which can identify you to previous employees or educational institutions?			

Position Applied For	Salary Expected	Who referred you
Date Available for Work	Are you able to work required schedules/shifts? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Are you legally authorized to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO		
All <i>new</i> employees, upon being made an offer of employment, must produce documents, which are specified by the Federal government, to establish their identity and authorization for employment in the United States. These documents must be produced no later than 72 hours after commencement of employment.		
Have you ever been employed at this agency? <input type="checkbox"/> YES <input type="checkbox"/> NO	Name and relationship of relative, other than spouse, already employed at this facility?	
DATES: From _____ To _____		
Have you been convicted of any crime within the last 10 years in <u>any</u> state? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Have you been arrested for a felony within the last 10 years in <u>any</u> state? <input type="checkbox"/> YES <input type="checkbox"/> NO		
EXPLAIN:		
NOTE: Your answer does not automatically disqualify you from employment since the nature of offense, recency and type of job for which you are applying will be considered.		

EDUCATIONAL HISTORY			
SCHOOL	NAME OF SCHOOL AND LOCATION	MAJOR COURSES	LAST YEAR COMPLETED
HIGH SCHOOL			
COLLEGE, TRADE PROFESSIONAL			
OTHER INCLUDE MILITARY			
HONORS & ACTIVITIES		Other language spoken fluently	
Degree Attached	Average Grade in High School	COLLEGE GPA	
		Based on: _____ Possible points	

A Transcript and License will be required for employment (if job position requires them)

List Professional Certifications and/or Licensure

STATE _____ TYPE _____ # _____

STATE _____ TYPE _____ # _____

Typing _____ wpm

What computer software are you proficient in?

List Professional and Other Organizations to which you belong (other than those organizations that the name or character of which would indicate the race, color, religion, national origin or ancestry of its members) you feel useful to us to know about in evaluating your possibilities for employment.

To Whom It May Concern:

I, _____ (Applicant) authorize present and former employers and individuals I have listed as personal references to furnish information about my employment record, including a statement of the reason for termination of my employment, work performance, abilities and other qualities pertinent to my qualifications for employment, hereby releasing them from any and all liability for damages arising from furnishing the requested information.

Date: _____ Signature: _____ Social Security #: _____

EMPLOYMENT HISTORY (LIST MOST RECENT FIRST INCLUDING MILITARY)

Employment history must be filled out.

Employer (current) <input type="checkbox"/> Yes <input type="checkbox"/> No	Start Date	End Date	Essential job functions of final position
Address			1.
City, State, Zip			2.
Phone Number			3.
Fax Number	Supervisor (s):		
Job position(s)	E-mail address of supervisor:		
Reason(s) for leaving			
What value did you add to this company or its clients?			

Employer (current <input type="checkbox"/> Yes <input type="checkbox"/> No)	Start Date	End Date	Essential job functions of final position
Address			1.
City, State, Zip			2.
Phone Number			3.
Fax Number	Supervisor (s):		
Job position(s)	E-mail address of supervisor:		
Reason(s) for leaving			
What value did you add to this company or its clients?			

Employer (current <input type="checkbox"/> Yes <input type="checkbox"/> No)	Start Date	End Date	Essential job functions of final position
Address			1.
City, State, Zip			2.
Phone Number			3.
Fax Number	Supervisor (s):		
Job position(s)	E-mail address of supervisor:		
Reason(s) for leaving			
What value did you add to this company or its clients?			

Have you reviewed the Position Description? YES _____ NO _____

Position Title _____

Do you meet the minimum qualification for this position?

YES _____ NO _____

Are you able to perform the essential functions of this job with or without accommodation?

YES _____ NO _____

Have you even been required by licensing board or ethics board to surrender your license or been found guilty of any misconduct?

YES _____ NO _____ N/A _____

REFERENCES

NAME	COMPLETE ADDRESS	PROFESSION, BUSINESS OR OCCUPATION OF REFERENCE	PHONE NUMBER
1.			
2.			
3.			

QUALIFICATIONS

Explain how you meet the minimum EDUCATION, EXPERIENCE, KNOWLEDGE, SKILLS and ABILITY requirements listed in the position description. (You may attach additional pages if necessary)

I have read and fully understand the questions asked in this application. I certify that all answers given by me are true, accurate and complete and understand that the omission and/or misrepresentation of any fact will be cause for immediate dismissal.

If hired, I agree to abide by all of the company’s rules and regulations. I further understand that no representation, whether verbal or written, by any representative or agent of the company, at any time, can constitute a contract of employment. No representative or agent of the company, other than the Chief Executive Officer, by written and mutually signed agreement, has the authority to enter into any agreement for employment for any period of time or to make any change in any policy, procedure, benefit or other term or condition of employment, or to make any agreement contrary to the foregoing.

I give permission to contact all or any of my previous employers and references for full information.

By accepting and continuing employment with Family Service & Children’s Aid (FSCA) each employee agrees not to commence any claim, complaint, action, or suit relating to their employment with FSCA more than one hundred eighty (180) calendar days after the event giving rise to the claim, complaint, action, or suit; or later than the applicable limitations period established by statute, whichever is less.

If an offer of employment is made, I agree to a physical and medical examination at the option of the company, at no personal expense, and agree that the examining physician may disclose to the company or its representative the results of such examinations.

Date: _____ Signature (Do Not Print) _____