



EMPLOYMENT APPLICATION

07/2021

Family Assistance Program is an Equal Opportunity Employer. Employment is based on experience, training, and ability work without regard to sex, sexual orientation, race, religion, creed, color, national origin, marital status, age, physical, mental, or sensory disability.

PLEASE PRINT OR TYPE				
				Today's Date _____
<i>First Name</i>	<i>MI</i>	<i>Last Name</i>	<i>Preferred Name/Nickname</i>	
<i>Street Address</i>	<i>Apt#</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
<i>Home Phone</i>	<i>Alternative Phone</i>		<i>Email Address</i>	

PLEASE PLACE A CHECK BY YOUR RESPONSE OR PROVIDE THE APPROPRIATE INFORMATION				
Are you interested in:	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Temporary	
What schedule would you prefer?	<input type="checkbox"/> Weekdays	<input type="checkbox"/> Weekends	<input type="checkbox"/> Evening	<input type="checkbox"/> Nights
How did you hear about the position?	<input type="checkbox"/> Classified AD	<input type="checkbox"/> Friend (Name)	<input type="checkbox"/> Radio	<input type="checkbox"/> Internet
Desired Pay:	Hourly Pay (Minimum, if applicable)	\$ _____	Annual Pay	\$ _____ Minimum \$ _____ Desired
When are you able to start work?	Date _____			
In what local area do you prefer to work? _____				
Position desired: _____				

PLEASE CHECK YES OR NO TO THE FOLLOWING:	
Federal law requires that employers hire only individuals who are authorized to be lawfully employed in the United States. In compliance with these laws, all offers of employment are subject to verification of the applicant's identity and employment authorization, and it will be necessary for you to submit such documents as are required by law to verify your identification and employment authorization.	
Are you under 18 years of age?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you capable of performing the essential functions of the job for which you are applying with or without a reasonable accommodation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(Note: Company complies with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.)	

PLEASE LIST YOUR WORK EXPERIENCE BELOW (MOST RECENT JOB FIRST)

	COMPANY NAME			YOUR POSITION and TITLE	
FROM ____/____ Month Year	NO & STREET			SUPERVISOR'S NAME, TITLE and POSITION	
	CITY	STATE	ZIP CODE	SUPERVISOR'S TELEPHONE NUMBER	
	TYPE OF BUSINESS		STARTING PAY \$	FINAL PAY \$	
TO ____/____ Month Year	TELEPHONE NUMBER		TERMINATION <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> INVOLUNTARY	REASON FOR TERMINATION	
BRIEFLY DESCRIBE YOUR MAJOR DUTIES					

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FROM ____/____ Month Year	NO & STREET			SUPERVISOR'S NAME, TITLE and POSITION	
	CITY	STATE	ZIP CODE	SUPERVISOR'S TELEPHONE NUMBER	
	TYPE OF BUS/NESS		STARTING PAY \$	FINAL PAY \$	
TO ____/____ Month Year	TELEPHONE NUMB ER		TERMINATION <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> INVOLUNTARY	REASON FOR TERMINATION	
BRIEFLY DESCRIBE YOUR MAJOR DUTIES					

Do you have any other experience, training, qualifications, education, or skills that you feel make you especially suited for work at Family Assistance Program? Yes | No

If so, please explain:

Additional Information: