



FamilyService

128 East Olin Avenue, Suite 100, Madison, Wisconsin 53713

POSITION: Volunteer Other: _____ Date: _____

PERSONAL INFORMATION:	
Name: (First, Middle, Last)	Social Security Number:
Address:	City: State: Zip:
Home Phone Number:	Work Phone Number:
Type of Employment Desired: <input type="checkbox"/> Full-time (40 hr/week) <input type="checkbox"/> Part-time (under 40 hr/wk)	
Date available to work: _____	
Have you ever been employed at our agency? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, please state dates employed and positions held:	
When is the best time to contact you? _____	
May you lawfully work in the United States? ___ Yes ___ No. If not and/or unsure please explain: _____ Can you prove such status if offered employment? ___ Yes ___ No	
Have you been convicted of a crime, or have a pending arrest, of which the circumstances could reasonably be viewed by our Agency as substantially relating to the job you are seeking? If yes and/or unsure, please describe: _____	
State age if under 18 years of age: _____	

EDUCATION:	
Circle highest grade completed: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 -(GED) Post High School: 1 2 3 4 5 6 (>)	
Name of Last school attended:	Location:
Most current degree achieved:	Where obtained:

REFERENCES: List (3) Work (W) references.		
Name & Relationship	Address	Phone
(W)		() -
(W)		() -
(W)		() -

May we contact the employers listed above? (___) Yes (___) No If not, indicate by number above which one(s) you do not want us to contact. I do not want contact made with Number(s): _____) If not, please explain:

WORK EXPERIENCE *(Please fill in information not included on resume. Start with your MOST RECENT EMPLOYER.)*

Employer: Address Of Business: Kind Of Business:

Your Title:

Reason for Leaving:

Name of Supervisor:
Phone Number:

Your Duties:

May We Contact? Y N Employed (Month/Year) From:
To:

of Hours Worked per Week:

Rate of Pay:
Begin_____ End_____

Employer: Address of Business: Kind of Business:

Your Title:

Reason for Leaving:

May We Contact? Y N

Your Duties:

Employed (Month/Year) From:
To:

of Hours Worked per Week:

Rate of Pay:
Begin_____ End_____

Employer: Address of Business: Kind of Business:

Your Title:

Reason for Leaving:

Name of Supervisor:
Phone Number:

Your Duties:

May We Contact? Y N Employed (Month/Year) From:
To:

of Hours Worked per Week:

Rate of Pay:
Begin_____ End_____

APPLICANT ACKNOWLEDGMENT

(Please read Carefully and Sign)

- I certify that all statements and information contained in this application were made by me and are true, correct and complete to the best of my knowledge and belief. I understand that any mis representation or omission of any kind may result in denial of employment or be cause for subsequent dismissal if I am hired.**
- I authorize Family Service to investigate my responses on this application and to contact all former employers or any individuals familiar with me and my employment background for purposes of verifying any information I have provided or obtaining any information, whether favorable or unfavorable, about me or my employment. I voluntarily and knowingly fully release and hold harmless any person or organization that provides information pertaining to me and/or employment, as conditioned, by law. I understand that it is the policy of Family Service to screen the criminal history record, including pending arrests, of all candidate finalists for specific offenses relating to employment at our Agency. Additional information may be asked at the time of this screening.**
- I understand that employment with Family Service is on an “At-Will” basis and that either I or the Company can terminate my employment with or without cause and/or notice, at any time, unless I specifically have been issued a written employment contract. That no person other than the President/CEO has the authority to offer any agreement regarding employment or employment contract. That unless such agreement/contract has been executed in writing to me, by the President/CEO, my employment with Family Service is “At-Will” and I in no way bind Family Service to a contractual agreement regarding permanency of employment.**

I acknowledge that as an applicant for employment with Family Service, per my signature below, that I have read, understand and accept the requirements, statements and conditions stated above. I also approve screening of my employment background and criminal and/or pending arrest record.

_____ (_____) ____/____/____
(Applicant’s Signature) (Social Security Number) (Date)

(Applicant’s Name Printed)

Thank You for your time and interest in pursuing employment with our Agency!