



EMPLOYMENT APPLICATION

Date _____

The Village Family Services is committed to providing equal employment opportunities without regard to race, color, sex, age, disability, religion, national origin, marital status, sexual orientation, ancestry, political belief or activity, or status as a veteran.

Please answer all questions and complete all sections of the Employment Application fully. The application is a legal document, and as such must be completed by all applicants whether or not you have submitted a résumé or attached same. Your assistance is greatly appreciated.

PERSONAL INFORMATION <i>(please print):</i>	
Name: Last, First, Middle Initial	Have you ever used another name? ___ Yes ___ No If yes, please specify for purposes of a reference check
Address: Street	Daytime Phone:
Address: City, State, Zip	Evening Phone:
Email Address:	Cell Phone or Pager:

EMPLOYMENT DESIRED	
Position(s) applied for:	Salary Desired:
What days are you available to work?	What hours are you available to work?
If hired, what date are you available to start work?	
Please indicate the type of work for which you are available: Regular full-time: <input type="radio"/> yes <input type="radio"/> no Regular part-time: <input type="radio"/> yes <input type="radio"/> no *Temporary/seasonal: <input type="radio"/> yes <input type="radio"/> no *If applying for temporary or seasonal work, during what period of time are you available? (example: 1/15/01–3/15/01)	
Are you available to: Work weekends: <input type="radio"/> yes <input type="radio"/> no Work overtime: <input type="radio"/> yes <input type="radio"/> no Travel: <input type="radio"/> yes <input type="radio"/> no	
For which shift are you available: Day (9am-5pm): <input type="radio"/> yes <input type="radio"/> no Late day (1pm-9pm): <input type="radio"/> yes <input type="radio"/> no Evening (5pm-1am): <input type="radio"/> yes <input type="radio"/> no Late evening (9pm-5am): <input type="radio"/> yes <input type="radio"/> no Morning (1am-9pm): <input type="radio"/> yes <input type="radio"/> no Early day (5am-1pm): <input type="radio"/> yes <input type="radio"/> no	
How did you hear about this opening at The Village Family Services? Who referred you to us?	
Have you been previously employed by The Village Family Services? <input type="radio"/> yes <input type="radio"/> no *If yes, dates of employment:	*If yes, title of last position held:
Do you have any relatives employed by The Village Family Services? <input type="radio"/> yes <input type="radio"/> no If yes, please provide the following information: Name of relative: _____ Relationship: _____	
Do you have the legal right to work in the United States? <input type="radio"/> yes <input type="radio"/> no If hired, you will be required to provide proof of identity and legal authority to work in the United States.	
Have you ever served in the armed forces? <input type="radio"/> yes <input type="radio"/> no If yes, which branch? This information is for census purposes only and is optional. You may elect not to complete it if you wish.	
Are you able to write, read and understand English? <input type="radio"/> yes <input type="radio"/> no	

It is the policy of The Village Family Services to comply with all relevant and applicable provisions of the Americans with Disabilities Act (ADA). The Village Family Services will not discriminate against any qualified applicant because of an individual's physical or mental disability. The Village Family Services also will make reasonable accommodation wherever necessary for all applicants with disabilities, provided that the individual is otherwise qualified to safely perform the duties and assignments connected with the job and provided that any accommodations made do not require undue or significant difficulty or expense.

<p>Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation?</p> <p><input type="radio"/> yes <input type="radio"/> *no</p>	<p>* If no, please describe the functions that cannot be performed:</p>
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The Village Family Services will not deny employment solely on the grounds of conviction of a criminal offense. Each situation will be considered on a case-by-case basis; and as such the nature, date and surrounding circumstances and relevance of the offense(s) may be considered.

<p>Have you ever been convicted of a criminal offense(s) (misdemeanor or felony)? (See notice below):</p> <p><input type="radio"/> *yes <input type="radio"/> no</p>	<p>* If yes, please describe the nature, the county, state, and the date(s) of the offense(s):</p>
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You are not required to, nor should you, disclose information regarding: a minor traffic violation; information that is more than seven years old; that was judicially expunged or sealed; for a marijuana-related offense over two years old; if you completed a pre-trial or post-trial diversion program; or a misdemeanor for which probation was successfully completed or discharged and the case was judicially dismissed.

EDUCATION							
School	Name of Institution (city, state)	Last year completed				Did you graduate?	Degree or diploma tgegkfg
High School		9	10	11	12	Yes <input type="radio"/>	
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	No <input type="radio"/>	
Junior College		1	2			Yes <input type="radio"/>	
		<input type="radio"/>	<input type="radio"/>			No <input type="radio"/>	
College/ University		1	2	3	4	Yes <input type="radio"/>	
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	No <input type="radio"/>	
Graduate School		1	2	3	4	Yes <input type="radio"/>	
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	No <input type="radio"/>	
Vocational/ Business		1	2	3	4	Yes <input type="radio"/>	
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	No <input type="radio"/>	
Other: (specify)		1	2	3	4	Yes <input type="radio"/>	
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	No <input type="radio"/>	

SKILLS			
Please indicate your level of ability for each skill listed (N=none/unfamiliar; L = low ability; M = medium ability; H = high ability)			
Typing Speed:	Foreign Language: Spoken: N <input type="radio"/> L <input type="radio"/> M <input type="radio"/> H <input type="radio"/> Written: N <input type="radio"/> L <input type="radio"/> M <input type="radio"/> H <input type="radio"/>		
Microsoft Word: N <input type="radio"/> L <input type="radio"/> M <input type="radio"/> H <input type="radio"/>	Excel: N <input type="radio"/> L <input type="radio"/> M <input type="radio"/> H <input type="radio"/>	PowerPoint: N <input type="radio"/> L <input type="radio"/> M <input type="radio"/> H <input type="radio"/>	Quickbooks: N <input type="radio"/> L <input type="radio"/> M <input type="radio"/> H <input type="radio"/>
CPR: N <input type="radio"/> L <input type="radio"/> M <input type="radio"/> H <input type="radio"/>	First Aid: N <input type="radio"/> L <input type="radio"/> M <input type="radio"/> H <input type="radio"/>	HIPAA: N <input type="radio"/> L <input type="radio"/> M <input type="radio"/> H <input type="radio"/>	Water Safety: N <input type="radio"/> L <input type="radio"/> M <input type="radio"/> H <input type="radio"/>
Other: N <input type="radio"/> L <input type="radio"/> M <input type="radio"/> H <input type="radio"/>	Other: N <input type="radio"/> L <input type="radio"/> M <input type="radio"/> H <input type="radio"/>	Other: N <input type="radio"/> L <input type="radio"/> M <input type="radio"/> H <input type="radio"/>	Other: N <input type="radio"/> L <input type="radio"/> M <input type="radio"/> H <input type="radio"/>

EMPLOYMENT HISTORY Please start with your most recent employer

Company name:	Dates of employment:
Address:	Title:
City, State, Zip	Name and title of your supervisor:
Phone number:	Starting salary:
May we contact this employer for a reference? <input type="radio"/> yes <input type="radio"/> no	Ending salary:
Type of business or industry:	
Description of your duties:	
Reason for leaving:	

Company name:	Dates of employment:
Address:	Title:
City, State, Zip	Name and title of your supervisor:
Phone number:	Starting salary:
May we contact this employer for a reference? <input type="radio"/> yes <input type="radio"/> no	Ending salary:
Type of business or industry:	
Description of your duties:	
Reason for leaving:	

Company name:	Dates of employment:
Address:	Title:
City, State, Zip	Name and title of your supervisor:
Phone number:	Starting salary:
May we contact this employer for a reference? <input type="radio"/> yes <input type="radio"/> no	Ending salary:
Type of business or industry:	
Description of your duties:	
Reason for leaving:	

PROFESSIONAL ASSOCIATIONS Please list all Professional associations of which you are a member
(You may exclude any whose names would indicate the race, religious creed, color, national origin, or ancestry of its member.)

Name:	Start date:	Next renewal date:
Name:	Start date:	Next renewal date:

PROFESSIONAL CERTIFICATIONS/LICENSES

Please list all professional certifications/licenses you hold (i.e., state bar, CPA, SPHR, LMFT, LCSW, etc.)

(You may exclude any whose names would indicate the race, religious creed, color, national origin, or ancestry of its member.)

Certification title:	Acquisition date:	Next renewal date:
Certification title:	Acquisition date:	Next renewal date:
Certification title:	Acquisition date:	Next renewal date:

REFERENCES

Please list 3 individuals not related to you who have direct knowledge of your work performance within the last 3-5 years.

Name:	Phone number:
	Email:
Company during work relationship:	Current company (if different):
Title during your relationship:	Number of years acquainted:
Nature of relationship (e.g., supervisor, colleague, subordinate, etc.)	

Name:	Phone number:
	Email:
Company during work relationship:	Current company (if different):
Title during your relationship:	Number of years acquainted:
Nature of relationship (e.g., supervisor, colleague, subordinate, etc.)	

Name:	Phone number:
	Email:
Company during work relationship:	Current company (if different):
Title during your relationship:	Number of years acquainted:
Nature of relationship (e.g., supervisor, colleague, subordinate, etc.)	

Please read carefully, initial each paragraph, and sign below:

- I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true, complete and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any documents used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.
- I hereby authorize the company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and association's from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.
- I hereby waive my right to public records obtained through in-house investigations.
- I understand that employment at this company is "at will," which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. Further, I understand that nothing contained in this application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to alter the at-will relationship between me and the company. I agree that if employed, I will abide by all policies and procedures established by the employer.

Signature:	Date:
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