

OUR FAMILY SERVICES

EMPLOYMENT APPLICATION

Print or Type

Date:	Daytime Telephone Number:	Cell Phone:
Last Name:	First Name:	Middle:
Mailing Address:		
Are you eligible for employment in the United States? Yes () No ()		
Were you previously employed by Our Family Services, OUR TOWN or Family Counseling Agency? Yes () No () If yes, when?		
Have you ever been convicted of a felony? () Yes () No If yes, please explain:		
Has your driving record contained any moving violations, convictions or revocations in the past 5 years? () Yes () No If yes, please explain:		
Do you currently carry the minimum state-required liability auto insurance? () Yes () No		

POSITION DESIRED

Job Title:	Salary Expected:	May we contact your present employer?
Referred By: () Newspaper () Website	Our Family Employee ()	() Other
If Other, Please List: _____		Which Employee? _____

EDUCATION/TRAINING

<i>School</i>	<i>Name of School City & State</i>	<i>Course of Study</i>	<i>Degree awarded or Credit Hours Earned</i>
<i>High School or GED</i>		<i>Diploma? () Yes () No</i>	
<i>College</i>			
<i>Graduate</i>			
<i>Business, Trade, Technical</i>			
Other License, Degree, Certification, Training or Skills:			
Other Languages Spoken:		Sign Language: () Yes () No	
If Applicable to Position: Typing Speed _____ Data Entry Speed (KPH) _____ 10-key by touch () Yes () No Telephone Switchboard () Yes () No How many lines?: Computer Programs:			

EMPLOYMENT HISTORY

List most recent position first

Provide a COMPLETE history

Attach additional sheets, if necessary

Employer: Name		Address		Phone Number	
Job Title:		Hours per Week:		Reason for Leaving:	
Supervisor's Name & Title		Telephone		Dates Employed:	Month/Year Month/Year
				From:	To:
Describe Duties:					

Employer: Name		Address		Phone Number	
Job Title:		Hours per Week:		Reason for Leaving:	
Supervisor's Name & Title		Telephone		Dates Employed:	Month/Year Month/Year
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Supervisor's Name & Title		Telephone		Dates Employed:	Month/Year Month/Year
				From:	To:
Describe Duties:					

REFERENCES (May be professional or personal, other than family members or previous supervisors)

Name & Address	Phone	Relationship	Years Known

I certify all information provided in this application is accurate and I give consent to Our Family Services to verify all information I have provided.

Signature: _____ **Date:** _____