



ourfamilyservices

Employment Application

Please Print or Type:

Date:	Position(s) I am applying for:	
Full Name:		Name I prefer to be called:
Daytime Phone Number:	Cell Phone Number:	Email Address:
Mailing Address:		

I learned about this position through: Newspaper Our Family website Jobing.com website
 Other, please explain:
 From an Our Family Employee If so, which employee?

EDUCATION/TRAINING

High School Education: <i>Received high school diploma</i> <input type="checkbox"/> <i>Received GED</i> <input type="checkbox"/>			
Higher Education and Training:			
<i>Name and Location of Training Program, College, or University</i>	<i>Field of Study</i>	<i>Degree or Certification Awarded</i>	<i>If degree not completed, # of credit hours earned toward degree</i>
Other License, Certification, Training, or Skill you would like us to consider:			
Did you serve in an AmeriCorps, Peace Corps, or another national service program? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe service:			
Are you fluent in another language? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list language(s) and describe extent of fluency:			
I have much experience with and feel confident using the following computer programs:			

EMPLOYMENT HISTORY

Include all relevant experience. Attach additional sheets if you have more than four relevant work experiences. List most recent position first. Your resume may also be attached, but it does not substitute for this completed section.

Name of Company:	Job Title:
Company address and phone number:	Supervisor's Name and Title:
<i>Check one:</i> <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer/Intern	
<u>Dates of employment:</u> From (month/year): To (month/year):	If current employer, may we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
Primary Duties (please limit to space provided):	
Reason for Leaving (please limit to space provided):	
Name of Company:	Job Title:
Company address and phone number:	Supervisor's Name and Title:
<i>Check one:</i> <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer/Intern	
<u>Dates of employment:</u> From (month/year): To (month/year):	If current employer, may we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
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Primary Duties (please limit to space provided):	
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Primary Duties (please limit to space provided):	
Reason for Leaving (please limit to space provided):	

REFERENCES

Professional or personal, other than family members or previous supervisors already listed in previous section.

Name	Relationship	Email Address	Daytime phone	Years Known

NARRATIVE

Type a brief statement explaining your interest in the position(s) for which you are applying. The space will expand as you type. You may also use this section to explain additional skills or experience you would like us to consider

Type Narrative here:

ADDITIONAL REQUIRED INFORMATION

Are you eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No
Were you previously employed by Our Family Services or New Beginnings for Women & Children? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when and in what capacity?
Have you ever been convicted of (or are you waiting trial on) a felony or misdemeanor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:
Have you ever been excluded from participation in any state or federal health care program, such as Medicare or Medicaid (AHCCCS)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:
Have you ever been debarred, suspended, or otherwise excluded from participating in any other Federal procurement or non-procurement program or activity? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:
Has your driving record contained any moving violations, convictions, or revocations in the past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:
Do you currently carry the minimum state-required auto liability insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No

I certify all information provided in this application is accurate. I give consent to Our Family Services to verify all information I have provided. I acknowledge that if I am offered employment and it is later determined that I have provided inaccurate information on this application, my employment with Our Family Services may be terminated.

Signature: _____ **Date:** _____

Our Family Services is an Equal Opportunity Employer. We especially encourage applications from veterans, individuals with disabilities, and alumni from national service programs such as Peace Corps and AmeriCorps.