

Employment Application

Please Print

All information must be completed even if resume is attached

PERSONAL

NAME _____ SOCIAL SECURITY NO. _____
Last First Middle

ADDRESS _____ HOME PHONE _____
Street Apt./Floor

_____ DAYTIME PHONE _____
City State Zip

Position(s): _____ Program Preference: _____ Minimum Salary Requirement: _____ Date Available to start: _____	Referral Source: <input type="checkbox"/> Ad <input type="checkbox"/> Walk-in <input type="checkbox"/> Other <input type="checkbox"/> Employee (Name) _____ Have you ever worked/volunteered at Family Service? <input type="checkbox"/> No <input type="checkbox"/> Yes Dept. _____ Dates _____ Have you ever been convicted of a felony? <input type="checkbox"/> No <input type="checkbox"/> Yes Explain: _____	<h4 style="text-align: center; margin: 0;">Professional & Occupational Licensure</h4> Are you now licensed or registered in your profession? <input type="checkbox"/> No <input type="checkbox"/> Yes In Rhode Island? <input type="checkbox"/> No <input type="checkbox"/> Yes RI Licensure or Registration #: _____ Expiration Date: _____ If not licensed or registered in RI, have you made application? <input type="checkbox"/> No <input type="checkbox"/> Yes Has your license to practice your profession ever been suspended or revoked? <input type="checkbox"/> No <input type="checkbox"/> Yes
Shift Preference (check all that apply) <input type="checkbox"/> Full Time <input type="checkbox"/> Days <input type="checkbox"/> Part Time Min. Hrs. _____ <input type="checkbox"/> Evenings <input type="checkbox"/> Per Diem (On call) <input type="checkbox"/> Nights <input type="checkbox"/> Weekends <input type="checkbox"/> Temporary		

EDUCATION AND TRAINING

Schools	Name & Address	No. Years	Did you Graduate?	Type of Degree	Major Courses
High/Prep School Or GED	_____	_____	_____	_____	_____
College/University, Business or Vocational School	_____	_____	_____	_____	_____
Graduate Study	_____	_____	_____	_____	_____
Certifications/Other Formal Training (include Military Service) _____					
List any foreign language skills (Reading, writing & speaking) _____					
Professional Associations of which you are a member _____					

All information must be completed even if résumé is attached.

WORK EXPERIENCE

Name and Address of Employer (LIST MOST RECENT EMPLOYMENT FIRST)	Employment Dates	Positions Held	Description of Duties	Reason for Leaving
	From (Mo./Yr.) To (Mo./Yr.)			
	Salary:			
Supervisor: _____ Tel. No. _____				
	From (Mo./Yr.) To (Mo./Yr.)			
	Salary:			
Supervisor: _____ Tel. No. _____				
	From (Mo./Yr.) To (Mo./Yr.)			
	Salary:			
Supervisor: _____ Tel. No. _____				

PROFESSIONAL/WORK REFERENCES

Name	Relationship/Occupation	Address	Phone No.	Years Known
1.				
2.				
3.				

I hereby certify that the answers given by me to the foregoing questions and the statements made by me are full and true to the best of my knowledge and belief. I understand that any false information, omissions, or misrepresentations of facts called for in this application or any supplements thereto, is cause for rejection of my application or discharge at any time during my employment. I understand that as a condition of employment I will be required to complete a background check. I understand that any offer of employment is contingent on my producing appropriate documentation verifying my identity and employment authorization, as required under the Immigration Reform and Control Act. I understand that my employment is terminable at will, that I am not being employed for any specified time, and that this application is not intended to be a contract for continued employment. If I am employed I agree to abide by and observe all rules and regulations of Family Service. I voluntarily authorize my former employers, schools and persons named herein to give information regarding me, whether or not such information is part of their records. I hereby release said organizations or persons from any liability or damage whatsoever for issuing this information.

May we contact your present employer?

No Yes If no, please explain: _____

Applicant's Signature

Date

Family Service is subject to the provisions of The Workers Compensation Act
We are proud to provide Equal Employment Opportunities to all qualified applicants and employees
Irrespective of race, color, religion, gender, age, disability or veteran status

Family Service, Inc.
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