

# Family Centered Services, Inc.

## Application for Employment

**Equal Opportunity Employer—Family Centered Services, Inc. (FCS) is an equal opportunity employer. FCS employment policy requires compliance with state and local fair employment practice laws and regulations. FCS will provide reasonable accommodations to the disabled.**

### PLEASE PRINT

Name \_\_\_\_\_ Date \_\_\_\_\_  
Last First M

Present Address \_\_\_\_\_  
Number Street City State Zip

How long at present address? \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Telephone Number ( ) \_\_\_\_\_ Are you over age 18 \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you currently authorized to work in the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever pled guilty to or been convicted of a felony or misdemeanor? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please explain \_\_\_\_\_

Position applied for 1) \_\_\_\_\_ (2) \_\_\_\_\_

Employment desired Full Time Only Part Time Only Full or Part Time

Days/hours available to  work:

When are you available to start work? \_\_\_\_\_

Do you have a valid driver's license? Yes No

Is your car available to you for daily  use?  Yes No

Do you have automobile insurance?  Yes  No

Have you received any driving citations in  the last 24 months? Yes  
No

If yes, please explain \_\_\_\_\_

**EMPLOYMENT APPLICATION**

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**EDUCATION**

<b>School</b>	<b>Name</b>	<b>Location</b>	<b>Year Completed</b>	<b>Degree</b>
<b>High School</b>				
<b>College</b>				

**MOST RECENT EMPLOYMENT**

Name of employer \_\_\_\_\_ Name of supervisor \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Employment Dates \_\_\_\_\_  
Phone # \_\_\_\_\_ Final Salary \_\_\_\_\_  
Reason for leaving. Be specific. \_\_\_\_\_  
\_\_\_\_\_

Name of employer \_\_\_\_\_ Name of supervisor \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Employment Dates \_\_\_\_\_  
Phone # \_\_\_\_\_ Final Salary \_\_\_\_\_  
Reason for leaving. Be specific. \_\_\_\_\_  
\_\_\_\_\_

List jobs held, duties performed, skills learned, advancement or promotions \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature & Date

I certify that this application is truthful to the best of my knowledge.