



THE FAMILY RESOURCE CENTER

Application For Employment

The Family Resource Center is an Equal Opportunity Employer and complies with all Federal and State laws prohibiting employment discrimination because of race, color, creed, age, sex, marital status, national origin, physical or mental impairment, or medical condition.

Please complete this employment application as completely, accurately and legibly as possible.

How did you hear about this position?

- Gorillas 4 Hire - newspaper - other: _____

What hours of the day are you available to work?

1600 N. Walnut • Pittsburg, KS 66762
(620) 235-3150 • Fax (620) 235-3154

PLEASE PRINT CLEARLY

Date of Application _____

PERSONAL INFORMATION

APPLICANT NAME

LAST FIRST MIDDLE SOCIAL SECURITY NO.

STREET ADDRESS

APT.NO.

PHONE NO.

()

CITY

STATE

ZIP

MESSAGE PHONE NO.

()

IN CASE OF EMERGENCY, CONTACT

NAME

ADDRESS

PHONE NO.

()

ARE YOU PREVENTED FROM BEING A LEGAL EMPLOYEE IN THE U.S.A.? YES ☐ NO ☐ IF YES, PLEASE EXPLAIN:

PURSUANT TO THE IMMIGRATION REFORM AND CONTROL ACT OF 1986, ALL APPLICANTS, UPON BEING MADE AN OFFER OF EMPLOYMENT, MUST PRODUCE DOCUMENTS, WHICH ARE SPECIFIED BY THE FEDERAL GOVERNMENT, ESTABLISHING THEIR IDENTITY AND AUTHORIZATION FOR EMPLOYMENT IN THE UNITED STATES. THESE DOCUMENTS MUST BE PRODUCED NO LATER THAN SEVENTY-TWO (72) HOURS AFTER COMMENCEMENT OF EMPLOYMENT. YOU WILL ALSO BE REQUIRED TO SIGN FORM I-9 (ISSUED BY THE FEDERAL GOVERNMENT) VERIFYING, UNDER OATH, YOUR EMPLOYMENT AUTHORIZATION.

HAVE YOU SERVED IN THE U.S. MILITARY? YES ☐ NO ☐ PLEASE LIST JOB-RELATED SKILLS OR EXPERIENCE:HAVE YOU EVER BEEN CONVICTED OF A CRIME (FELONY OR MISDEMEANOR--NOT INCLUDING TRAFFIC VIOLATIONS)? YES ☐ NO ☐ IF YES, PLEASE EXPLAIN:HAVE YOU EVER BEEN INVOLUNTARILY DISCHARGED FROM A JOB? YES ☐ NO ☐ IF YES, EXPLAIN, GIVE DATES:

DO YOU HAVE ANY PHYSICAL OR MENTAL CONDITIONS WHICH MIGHT INTERFERE WITH YOUR ABILITY TO PERFORM THE ESSENTIAL FUNCTIONS AND ASSIGNMENTS OF THE PARTICULAR JOB FOR WHICH YOU ARE APPLYING? YES ☐ NO ☐ IF YES, PLEASE EXPLAIN AND IDENTIFY NECESSARY ACCOMMODATIONS:

JOB INTEREST

LIST POSITION FOR WHICH YOU ARE APPLYING IN ORDER OF PREFERENCE

1.

2.

3.

CHECK ALL WORK SCHEDULES THAT YOU WOULD WORK

IF HIRED, DATE AVAILABLE FOR WORK

☐ FULL TIME
DAY SHIFT☐ PART TIME
EVE. SHIFT☐ OCCASIONAL
NIGHT SHIFT☐ OTHER
ROTATING☐ OTHERHAVE YOU PREVIOUSLY WORKED AT THE CENTER? NO ☐ YES ☐ WHEN? _____ WHAT DEPT.? _____DO YOU HAVE FRIENDS EMPLOYED AT THE CENTER? NO ☐ YES ☐ IF YES, GIVE NAMES& DEPTS. _____DO YOU HAVE FAMILY EMPLOYED AT THE CENTER? NO ☐ YES ☐ IF YES, GIVE NAMES& DEPTS. _____

EDUCATION

SCHOOL TYPE	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	NO. OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA
HIGH					
COLLEGE					
VOCATIONAL					

ACCREDITING BODY	REGISTRATION NO.	ANNUAL NO.
PROFESSIONAL MEMBERSHIPS/ REGISTRATIONS		

HAS YOUR LICENSE EVER BEEN REVOKED OR SUSPENDED? YES ☐ NO ☐ ATTACH SUMMARY OF EXPLANATION.

SKILLS

LIST ALL SPECIAL SKILLS (PLEASE CHECK ALL THAT APPLY)

☐ TYPING _____ WPM
 ☐ SHORTHAND _____ WPM
 ☐ DICTAPHONE
 ☐ COMPUTER
 ☐ 10 KEY
 ☐ SWITCHBOARD
☐ OTHER (PLEASE LIST) _____

List employment history starting with most recent employer.

EMPLOYER		JOB TITLE		YOUR NAME WHILE EMPLOYED	
1.					
STREET ADDRESS		CITY	STATE	ZIP	PHONE NO. ()
EMPLOYMENT DATES:		STARTED	ENDED	SUPERVISOR NAME TITLE	
BEGINNING SALARY		ENDING SALARY		REASON FOR LEAVING	
per		per			

EMPLOYER		JOB TITLE		YOUR NAME WHILE EMPLOYED	
2.					
STREET ADDRESS		CITY	STATE	ZIP	PHONE NO. ()
EMPLOYMENT DATES:		STARTED	ENDED	SUPERVISOR NAME TITLE	
BEGINNING SALARY		ENDING SALARY		REASON FOR LEAVING	
per		per			

EMPLOYER		JOB TITLE		YOUR NAME WHILE EMPLOYED	
3.					
STREET ADDRESS		CITY	STATE	ZIP	PHONE NO. ()
EMPLOYMENT DATES:		STARTED	ENDED	SUPERVISOR NAME TITLE	
BEGINNING SALARY		ENDING SALARY		REASON FOR LEAVING	
per		per			

EMPLOYER		JOB TITLE		YOUR NAME WHILE EMPLOYED	
4.					
STREET ADDRESS		CITY	STATE	ZIP	PHONE NO. ()
EMPLOYMENT DATES:		STARTED	ENDED	SUPERVISOR NAME TITLE	
BEGINNING SALARY		ENDING SALARY		REASON FOR LEAVING	
per		per			

ARE YOU PRESENTLY EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO MAY WE CONTACT YOUR PRESENT EMPLOYER AS A REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO PAST EMPLOYERS? <input type="checkbox"/> YES <input type="checkbox"/> NO					
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PLEASE READ BEFORE SIGNING THE APPLICATION:

AFFIDAVIT I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind whatsoever. I agree that my employer shall not be liable in any respect if my employment is terminated because of false statements, answers or omissions made by me in this questionnaire. I also understand a conditional offer of employment may be based on results of a later medical examination. The Family Resource Center is an equal opportunity employer. The Family Resource Center does not discriminate because of race, color, religion, sex, national origin, ancestry, disability, marital status or age in employment. I authorize any educational institution and my former employers to provide any information they may have regarding me in their records. I hereby release them, their employees and The Family Resource Center from all liability for any damage whatsoever for providing or obtaining same. I agree if employed by The Family Resource Center to be paid in accordance with the Fair Labor Standards Act adopted by my department. The law allows hospitals two options: (1) the payment of time and one-half after 40 hours of work in a work week and (2) the payment of overtime for all hours worked in excess of 80 hours in a 14-day work period or any hours in excess of 8 hours a day, not on both. The law provides that an employee may be paid every two weeks. I hereby agree if employed by The Family Resource Center to abide by the rules and policies of The Family Resource Center. I understand that my application will remain in the active file for a period of six months from the date of application and must be updated every six months to remain in the active file. The employee and The Family Resource Center have a right to freely enter into the employment relationship and sever this relationship at any time for any reason. The Immigration Reform and Control Act of 1986 requires all employers to verify IDENTITY and EMPLOYMENT AUTHORIZATION for all employees. In processing my application for employment, I authorize The Family Resource Center to verify all information provided by me, including a criminal investigative report. Further, I understand that any employment is not for a stated period of time and may be terminated with or without cause, at any time, at the option of either myself or my employer. In addition, should my employer be or become subject to the conditions of the Drug-Free Workplace Act of 1988, I agree to abide by such established policies as relates thereto.

Signed _____ Date _____

EMPLOYMENT HISTORY

IMPORTANT

PLEASE DO NOT WRITE BELOW THIS LINE

Employment Number _____

Dept./Title _____

F.T. _____ P.T. _____ On Call _____ Reg. _____ Temp. _____

Hours Scheduled/Wk. _____

Starting Date _____

SHIFT _____

GRADE _____ STEP _____

BASE PAY \$ _____

SHIFT DIFF. \$ _____

Approval:

(Signature of Supervisor)

(Signature of Executive Director)

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TO WHOM IT MAY CONCERN:

In a recent application for employment, the below named individual has stated that he/she has been employed by your organization. We would appreciate your verification and brief evaluation of his/her work. All information will be held in strict confidence. Thank you.

Sincerely,

The Family Resource Center

A P P L I C A N T	I have applied for employment at The Family Resource Center. I authorize employers, companies, schools or persons named to give any information regarding my employment, together with any information they may have regarding me whether or not it is in their records. I hereby release said employers, companies, schools or persons from all liability for any damage, both legal and otherwise, for issuing this information.							
	NAME (PLEASE PRINT)		SOCIAL SECURITY NO.		OTHER NAME(S) BY WHICH RECORDS MAY BE FILED			
E M P L O Y E R	Applicant Signature _____							
	BEGINNING		ENDING		Was proper notice given? YES <input type="checkbox"/> NO <input type="checkbox"/>			
	Employment Dates _____							
	Position Held _____							
	Reason for Leaving _____							
	Eligible for Rehire? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, please explain _____							
	RATING	ATTENDANCE	QUALITY OF WORK	QUANTITY OF WORK	INITIATIVE	COOPERATION	DEPENDABILITY	LEADERSHIP ABILITY
	Above Average							
	Average							
	Below Average							
Additional Comments _____								
Signature _____								
Date _____ Title _____								