



FAMILY CONNECTION SC IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. EMPLOYMENT AT-WILL MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY OR THE EMPLOYEE MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE.

APPLICATION FOR EMPLOYMENT

This application form is intended for use in evaluating your qualifications for employment. All qualified applicants will receive consideration without regard to sex, race, color, age, creed, national origin, religion, disability, veteran status, uniformed servicemember, genetic information, or any other category protected by applicable federal, state, or local laws, regulations or ordinances. No question on this application is intended to secure information to be used for such discrimination. Testing of job-related skills may be required prior to employment.

Name _____ Position Applied For _____
Last First Middle Initial

Telephone Number (____) _____ Alternate/Cellular Telephone Number (____) _____

Email Address _____

Current Address _____
Street, Apartment, or Unit Number

_____ How long have you lived there ____/____
City State Zip Years Months

Previous Address _____
Street, Apartment, or Unit Number

_____ How long have you lived there ____/____
City State Zip Years Months

Desired Salary/Hourly Rate _____

If under the age of 18, can you produce the necessary work certificate at the time of employment? Yes No

Type of employment desired? Full-time Part-time (Specify Hours) _____

Are you willing to work overtime? Yes No Date on which you can start work if hired _____

Have you previously applied for employment with Family Connection SC? Yes No

If yes, when and where did you apply? _____

Have you ever been employed by Family Connection SC? Yes No If Yes, provide dates of employment, location, and reason for separation from employment.



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What will this employer say was the reason your employment was terminated? _____

How much notice did you give when resigning? If no notice provided, explain. _____

Employer: _____

Name Address Type of Business
Telephone (_____) _____ Dates Employed From _____ To _____

Job Title _____ Duties _____

Supervisor's Name _____ May we contact? Yes No If No, why not? _____

Wages: Start _____ Final _____ Reason for Leaving _____

What will this employer say was the reason your employment was terminated? _____

How much notice did you give when resigning? If no notice provided, explain. _____

Employer: _____

Name Address Type of Business
Telephone (_____) _____ Dates Employed From _____ To _____

Job Title _____ Duties _____

Supervisor's Name _____ May we contact? Yes No If No, why not? _____

Wages: Start _____ Final _____ Reason for Leaving _____

What will this employer say was the reason your employment was terminated? _____

How much notice did you give when resigning? If no notice provided, explain. _____

Please explain fully all gaps in your employment history in excess of one month.

Have you ever been terminated or asked to resign from any job? Yes No

Has your employment ever been terminated by mutual agreement? Yes No

Have you ever been given the choice to resign rather than be terminated? Yes No

If you answered Yes to any of the above three questions, please explain the circumstances of each occasion.

REFERENCES



FAMILY CONNECTION SC IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. EMPLOYMENT AT-WILL MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY OR THE EMPLOYEE MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE.

Please list the names of additional **work-related references** we may contact. Individuals with no prior work experience may list school or volunteer-related references.

NAME	POSITION	COMPANY	WORK RELATIONSHIP (Supervisor, Co-Worker)	TELEPHONE/EMAIL

APPLICANT CERTIFICATION

I certify that all the information on this application, my résumé, or any supporting documents I may present during any interview is and will be complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for employment or, if employed, disciplinary action, up to and including immediate termination.

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IF HIRED, I AGREE TO CONFORM TO THE POLICIES, RULES, AND REGULATIONS OF THE COMPANY, AND I UNDERSTAND THAT THE COMPANY HAS COMPLETE DISCRETION TO MODIFY SUCH POLICIES, RULES AND REGULATIONS AT ANY TIME, EXCEPT THAT IT WILL NOT MODIFY ITS POLICY OF EMPLOYMENT AT-WILL.

I authorize Family Connection SC or its agents to confirm all statements contained in this application and/or résumé as it relates to the position I am seeking and to the extent permitted by federal, state, or local law. I agree to complete any requisite authorization forms for the required employment screening process.

I authorize and consent to, without reservation, any party or agency contacted by this employer to furnish the above-mentioned information. I hereby release, discharge, and hold harmless, to the extent permitted by federal, state, and local law, any party delivering information to Family Connection SC or its duly authorized representative pursuant to this authorization from any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability Family Connection SC and its representative for seeking such information and all other persons, corporations, or organizations furnishing such information.



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If hired by Family Connection SC I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States by this Company. I also understand Family Connection SC employs only individuals who are legally eligible to work in the United States.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE, ACCURATE, AND COMPLETE.

Applicant Name (Printed) _____

Applicant Signature _____ Date _____

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF 1 YEAR. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.