



Family First
HOME CARE

2203 East National Avenue
Brazil, IN 47834
812-448-1300

EMPLOYMENT APPLICATION

Applications are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or in the presence of a non-related medical condition or handicap.

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Social Security # _____

Referral Source _____

Are you a citizen of the United States of America? Yes No

Have you applied to *Family First* before? Yes No When? _____

Position applied for? _____

Date available to start _____

Full time Part time Temporary Other _____

EMPLOYMENT EXPERIENCE; Start with your present job or last job.

Employer _____

Address _____

City _____ State _____ Zip _____

Phone # _____ Supervisors' Name _____

Job Title _____ Reason for leaving _____

Dates of Employment: From _____ To _____ Salary or Hourly rate _____

Job duties performed _____

Employer _____

Address _____

City _____ State _____ Zip _____

Phone # _____ Supervisors' Name _____

Job Title _____ Reason for leaving _____

Dates of Employment: From _____ To _____ Salary or Hourly rate _____

Job duties performed _____

Employer _____

Address _____

City _____ State _____ Zip _____

Phone # _____ Supervisors' Name _____

Job Title _____ Reason for leaving _____

Dates of Employment: From _____ To _____ Salary or Hourly rate _____

Job duties performed _____

Please list 3 professional references.

Reference #1 _____

Title _____

Phone # _____

Reference #2 _____

Title _____

Phone # _____

Reference #3 _____

Title _____

Phone # _____

EDUCATION

Schools Attended

of Years

Graduated

Course/Major

Describe any special qualifications for this job:

Have you ever been convicted of a crime? ()Yes ()No

If yes, please give date of conviction and the criminal offense you were convicted

of _____

Drivers License # _____ State _____ Expiration _____

I CERTIFY that answers given herein are true and complete to the best of my knowledge. I authorize investigations of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not intended to be a contract of employment. In the event of employment, I understand that false or misleading information given on my application or interview may result in termination.

Signature _____ Date _____

For Personnel Department only

Remarks _____

Interview report by _____