



**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 \_\_\_\_\_

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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 \_\_\_\_\_

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*Please list 3 professional references.*

Reference #1 \_\_\_\_\_

Title \_\_\_\_\_

Phone # \_\_\_\_\_

Reference #2 \_\_\_\_\_

Title \_\_\_\_\_

Phone # \_\_\_\_\_

Reference #3 \_\_\_\_\_

Title \_\_\_\_\_

Phone # \_\_\_\_\_

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**EDUCATION**

Schools Attended

# of Years

Graduated

Course/Major

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Describe any special qualifications for this job:

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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 \_\_\_\_\_