

Family Support Services of
North Florida, Inc.

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION Complete *all* applicable information

Name (Full – Last, First, MI)			Social Security Number:		
Street Address:			Are you willing to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Weekends <input type="checkbox"/> Evenings <input type="checkbox"/> Nights		
City:			State:		Zip:
Home Phone:		Mobile Phone:		Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes please explain in space on back.	
Position(s) applied for:		Desired Salary:		When could you start employment?	
Have you ever applied for employment with Family Support Services, Inc.? <input type="checkbox"/> Yes <input type="checkbox"/> No When?			How did you hear about this position? Where?		

EMPLOYMENT HISTORY (List below last three employers, starting with the most recent one first)

Present or Last Position		Name of Agency		From Mo/Yr		To Mo/Yr		
Street Address:			City		State		Zip	
Duties:			Reason for Leaving:					
Starting Annual Salary		Final Annual Salary		Bonus		Commission		May we contact your supervisor?
Name of Supervisor			Title and Department of Supervisor			Phone Number of Supervisor		
Next Previous Position		Name of Agency		From Mo/Yr		To Mo/Yr		
Street Address			City		State		Zip	
Duties:			Reason for Leaving:					
Starting Annual Salary		Final Annual Salary		Bonus		Commission		
Name of Supervisor			Title and Department of Supervisor			Phone Number of Supervisor		
Next Previous Position		Name of Agency		From Mo/Yr		To Mo/Yr		
Street Address			City		State		Zip	
Duties:			Reason for Leaving:					
Starting Annual Salary		Final Annual Salary		Bonus		Commission		
Name of Supervisor			Title and Department of Supervisor			Phone Number of Supervisor		

EDUCATION INFORMATION

High School or GED	Address	City	State	Degree	Subjects Studied	
College	Address	City	State	Degree	Major	GPA
Graduate School	Address	City	State	Degree	Major	GPA

GENERAL

Additional Space (if needed):	
What business equipment can you operate? (For example, computers, copiers, etc.)	
Are you available to travel?	Any limitations?
In what computer software programs are you proficient ? [Name the package(s). List any special certifications, etc.]	

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY

Conditions of Employment

Please read this section carefully. Sign and date the bottom.

1. I authorize the investigation of all statements contained in this application. I understand that misrepresentation or material omission of facts is cause for dismissal, whenever such falsification or omission is discovered. I authorize all my previous employers and references to furnish any information concerning my personal character, habits or employment records. I release all such persons from liability or damages incurred as a result of this inquiry and furnishing this information. I further understand that any information omitted from this application could be considered grounds for immediate termination.
2. I understand and agree that my employment is for no definite period and may be terminated by the Agency or me at any time, for any reason, with or without cause or previous notice, regardless of the date of payment of my wages and salary. I also acknowledge that any offer of employment or my acceptance of any employment offer may be withdrawn for any reason at any time, and without prior notice at the option of the Agency or me. No one can create a contract of employment either expressed or implied except in writing specifically to me.
3. If employed by the Agency, I will comply with all rules, regulations, and directives. I further understand that these rules and regulations may be changed, interpreted, withdrawn, or added to by the Agency at any time, at the Agency's sole option and without any prior notice to me.
4. In making this application for employment, I understand that a routine investigative report may be made. This inquiry includes information as to my character, general reputation, personal characteristics, and mode of living, whichever may be applicable. In addition, the report includes a criminal record check, driver's license check, education verification, and a public records check.
5. I voluntarily agree to submit to a drug test as part of my application for employment, if requested to do so. I understand that refusal to submit to the test or failure to pass the test according to the standards established by the Agency will disqualify me from further consideration for employment. I further understand that I may again be required to submit to a drug test during my employment with the Agency and if I refuse to take the test or fail to pass it according to the standards set by the Agency, I may be suspended or terminated immediately.
6. I agree to be fingerprinted before and during my employment and understand the FBI will process my fingerprint record.

Date	Signature
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Affirmative Action Program Applicant Information Form

Family Support Services of North Florida, Inc. is an Equal Opportunity Employer. As required by law, we must record certain information to be made part of our Affirmative Action Program.

Applicants for employment are also invited to participate in the Affirmative Action Program by reporting their status as Disabled, Disabled Veteran, Veteran of the Vietnam era or other minority. In extending this invitation you are also advised that: (a) workers (applicants) are under no obligation to respond, but may do so in the future if they choose; (b) responses will remain confidential within the Human Resources Department; and (c) responses will be used only for the necessary information to include in our Affirmative Action Program. We are a company that values diversity. We actively encourage women and minorities to apply. Refusal to provide this information will have no bearing on your application and will not subject you to any adverse treatment.

Please complete the information requested below. Thank you for your cooperation.

Name:

Date:

Position applied for:

Please check all that apply:

Race or Ethnic Identity

Gender

Veteran Status

Hispanic or Latino

Male

Vietnam Era Veteran

White (not Hispanic or Latino)

Female

Special Disabled Veteran

Black or African American (not Hispanic or Latino)

Other Protected Veteran

Native Hawaiian or Pacific Islander (not Hispanic or Latino)

Recently Separated Veteran

Asian (not Hispanic or Latino)

Armed Forces Service Medal Veteran

American Indian or Alaskan Native (not Hispanic or Latino)

Other

Two or More Races (not Hispanic or Latino)

Individual with Disabilities

** I do not wish to self identify **

Signature:

How did you hear of the position?

Current Employee

FSS Website

Job Board

Other – Explain Below

REFERENCES

Family Support Services of North Florida requires a minimum of three professional references, and one personal reference.

PROFESSIONAL:

Name: _____
Title: _____ Relationship: _____
Company: _____
Address: _____
Phone Number: _____
Email: _____

Name: _____
Title: _____ Relationship: _____
Company: _____
Address: _____
Phone Number: _____
Email: _____

Name: _____
Title: _____ Relationship: _____
Company: _____
Address: _____
Phone Number: _____
Email: _____

PERSONAL:

Name: _____
Title: _____ Relationship: _____
Company: _____
Address: _____
Phone Number: _____
Email: _____

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
Page 1 of 2

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
Page 2 of 2

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

ⁱ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.