

FAMILY SERVICES, INC.



VOLUNTEER APPLICATION

Family Services Agency, Inc. will endeavor to make a reasonable accommodation to the known physical or mental limitations of a qualified applicant with a disability unless the accommodation would impose an undue hardship on the operation of our business. If you believe you require such assistance to complete this form or to participate in an interview, please let us know.

GENERAL INFORMATION

SOCIAL SECURITY NUMBER - -

DATE _____

LAST NAME FIRST NAME M.I.

HOME PHONE

STREET ADDRESS

BUSINESS PHONE

CITY AND STATE ZIP CODE

WHEN WILL YOU BE ABLE TO BEGIN WORK?

ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.? Yes No

Pursuant to the Immigration Reform and Control Act of 1986, all applicants who are offered employment must produce documents establishing their identity and authorization for employment in the United States. These documents must be produced no later than seventy-two (72) hours after employment commences. In addition, all new hires will be required to verify their employment authorization under oath by signing INS Form 1-9.

IF YOU ARE UNDER 18 YEARS OF AGE, DO YOU HAVE A WORK PERMIT? _____ Yes _____ No

VOLUNTEER INFORMATION

INTERESTED IN ADMINISTRATIVE/OFFICE WORK EXTERNAL EVENTS CHILDCARE HOURS AVAILABLE _____

HOW DID YOU LEARN ABOUT FAMILY SERVICES, INC., (FSI)? _____

ARE YOU VOLUNTEERING TO FULFILL COMMUNITY SERVICE HOURS? YES NO

IF YES, HOW MANY HOURS DO YOU NEED TO COMPLETE? _____

HAVE YOU EVER BEEN EMPLOYED BY FAMILY SERVICES AGENCY, INC.? YES NO If yes, give date, department, name of supervisor and reason for leaving.

HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH FAMILY SERVICES AGENCY, INC.? YES NO If yes, give date.

HAVE YOU EVER BEEN CONVICTED OF A FELONY THAT HAS NOT BEEN EXPUNGED, SEALED OR PARDONED? Yes No

If so, when? _____

A criminal conviction will not necessarily be a bar to employment. To help us evaluate your application, please describe the nature of the offense for which you were convicted, the circumstances surrounding the commission of the offense and your subsequent rehabilitation:

ARE YOU PROHIBITED OR LIMITED IN YOUR PERFORMANCE OF ANY JOB DUTIES FOR A COMPANY BY ANY RESTRICTIVE COVENANTS NOT TO COMPETE, CONFIDENTIALITY AGREEMENTS OR ANY OTHER CONTRACTUAL OBLIGATIONS? Yes _____ No _____

IF YES, CAN YOU PROVIDE FAMILY SERVICES AGENCY, INC. WITH A COPY OF THE AGREEMENT? Yes _____ No _____

EDUCATIONAL HISTORY

NAME AND LOCATION	COURSE OF STUDY	DEGREE OR DIPLOMA
HIGH SCHOOL		
COLLEGE		
GRADUATE SCHOOL		
OTHER SCHOOLING (VOCATIONAL, POST-GRADUATE)		

DID YOU RECEIVE ANY SPECIALIZED EDUCATIONAL TRAINING OR PARTICIPATE IN ANY EXTRA-CURRICULAR ACTIVITIES WHICH WOULD AID YOU IN THE POSITION YOU ARE SEEKING? YES NO If yes, explain.

VOLUNTEER HISTORY

Instructions for completing this section: Please print and list all prior experience, beginning with your PRESENT or MOST RECENT involvement Please attach additional sheets to this application if necessary. Complete all requested information in full. DO NOT include overtime, bonus, commissions, etc. in the base salary information. Please include as part of your employment history any verified work performed on a volunteer basis and/or work performed while in the military.

ORGANIZATION (first most recent)	ORGANIZATION (second most recent)
Address	Address
City State	City State
Dates Volunteered:	Dates Volunteered:
From To	From To
Supervisor Phone	Supervisor Phone
Duties	Duties
Hours per week	Hours per week
Reason For Leaving	Reason For Leaving
ORGANIZATION (third most recent)	ORGANIZATION (fourth most recent)
Address	Address
City State	City State
Dates Volunteered:	Dates Volunteered:
From To	From To
Supervisor Phone	Supervisor Phone
Duties	Duties
Hours per week:	Hours per week:
Reason For Leaving	Reason For Leaving

IS THERE ANY REASON WHY WE SHOULD NOT CONTACT ANY SUPERVISOR FOR A REFERENCE? YES _____ NO _____

IF YES, PLEASE IDENTIFY THE EMPLOYER AND EXPLAIN WHY NOT.

IF YOU ARE A MILITARY VETERAN, PLEASE NOTE ANY JOB-RELATED TRAINING YOU RECEIVED WHICH WOULD HELP YOU PERFORM THE DUTIES OF THE POSITION YOU ARE SEEKING.

PLEASE INDICATE ANY JOB-RELATED SKILLS AND QUALIFICATIONS YOU POSSESS WHICH WOULD HELP YOU PERFORM THE DUTIES OF THE POSITION YOU ARE SEEKING. THOSE APPLYING FOR CLERICAL POSITIONS SHOULD NOTE THEIR TYPING SPEED AND FAMILIARITY WITH WORD PROCESSING AND OTHER OFFICE EQUIPMENT.

PERSONAL REFERENCES

PLEASE LIST THE NAMES, ADDRESSES AND TELEPHONE NUMBERS OF THREE PERSONAL REFERENCES WHO HAVE KNOWLEDGE OF YOUR CAPABILITY TO PERFORM THE DUTIES OF THE POSITION YOU ARE SEEKING. PLEASE EXCLUDE RELATIVES AND FORMER EMPLOYERS.

It is unlawful to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

Date

Applicant's signature

APPLICANT'S STATEMENT

I have read and fully understand the questions asked in this application. I certify that all of the answers I have given are true, accurate and complete. I understand that the omission and/or misrepresentation of any fact from or on this application or during any interview will result in immediate rejection of my application or if I am hired will be cause for immediate dismissal. Unless I noted otherwise, I authorize Family Services, Inc. to contact all my references and personal references, as well as the education institutions I have attended. I further authorize Family Services, Inc. to inquire about, investigate and obtain copies of any records which relate to me from my former employers and educational institutions. I hereby release Family Services, Inc. and all affiliated persons and entities, as well as any person or institution that provides Family Services, Inc. with any lawful information about me, from any and all liability whatsoever resulting from any such lawful inquiry, investigation or communication.

If hired, I agree to abide by all of the rules and regulations of Family Services, Inc. I understand and agree that nothing in this application shall constitute an offer, a contract or a guarantee of employment for a specific period of time. If hired, I understand **that my volunteering may be terminated with or without cause and with or without notice at any time, at the will of Family Services, Inc. or me.** In addition, I understand that Family Services, Inc. and all plan administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms and conditions of volunteering.

Date

Applicant's signature