

# FAMILIES UNITED – RESPITE ♦ EMPLOYMENT APPLICATION

## An Equal Opportunity Employer

### Personal Information

### Date

Name		Social Security Number	
Physical Address	City	State	Zip Code
Mailing	City	State	Zip Code
Phone No.		Referred By	

### Employment Desired

Position	Date you can start	Salary/Hourly Wage Desired
Are you employed?	May we inquire of your present employer?	
Have you applied with this company before?	Where?	When?

### Education History

Name & Location of School	Years Attended	Graduate?	Subjects Studied
Grammar			
High School			
College			
Trade/Business			
Other			

### General Information

Subjects of Special Study/Research Work or Special Training/Skills

**Former Employers: List the last four employers, starting with the most recent.**

Month/Year	Name/Address	Salary/Wage	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				
From				
To				

**References: Give the name and daytime telephone number of three persons not related to you that you have known at least one year.**

Name	Telephone No.	Years Acquainted
1.		
2.		
3.		

“I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that my result from utilization of such information. Furthermore, I understand that my employment is for no definite period and may, at the discretion of the employer, be terminated at any time without any previous notice.”

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

**INTERVIEW COMMENTS**

Interviewed by:		Date:	
Remarks			
Neatness		Character	
Personality		Ability	
Hired:	Dept:	Position:	Salary:

**Mail to:**  
**Families United – Respite**  
**380 N. Main Street Suite D.**  
**Lakeport, CA 95453**

**Fax to:**  
**707-263-3982**  
**Phone:**  
**1-800-640-3992**