



Barnes Family Services
Life, if utilized for what it is, is sweet

Application for Employment

Today's Date: _____

Personal Information

Name: _____ Date of Birth: _____

Alias (previously used names) _____ Social Security #: _____ - _____ - _____

Address: _____ City: _____ State: _____ Zip Code: _____

Primary Phone #: (_____) _____ Email address: _____

Do you have access to a fax machine? YES NO If yes, fax #: (_____) _____

Have you ever applied or been employed with BFS before? YES NO If yes, when _____

Do you have any friends, family or acquaintances working with BFS? YES NO

If Yes, Name(s)/ relationship: _____

How were you referred to BFS? _____

What position are you applying for? _____ Full time Part time Summer/Holiday

Education

	Name & Address of School	Year Graduated	Degree/ Major
High School/ GED			
College			
Vocational /Other			

**Barnes Family Services is an Equal Opportunity Employer. We consider applicants for all positions without regard to race, religion, creed, gender, age, disability, marital or veteran status, sexual orientation or any other legally protected status. **

Certifications and special trainings

Please mark all options that you possess proof of completion for and their expiration dates. **We will require copies for our records.*

CPR (/ /) First Aid (/ /) Fingerprint Clearance Card (/ /)

Intro to DD Training (/ /) Article 9 (/ /) CIT (/ /)

Other certifications or trainings: _____

Do you speak, write or understand any other language? Spanish American Sign Other _____

Transportation

*Do you have a current Driver's License? YES NO If Yes, current Driver's License # and state: _____

What is your means of transportation to work? _____

*Do you have current vehicle insurance? YES NO *Current vehicle registration? YES NO

Do you have any violations on your driving record? YES NO

If Yes, please explain each violation in detail: *(Please use the back of this page if more space is needed)*

*(*If yes, we will need copies of these documents and if transporting clients, you will be required to provide a copy of your driving record from the Department of Motor Vehicles within five business days from the date we receive your application.)*

Employment Eligibility Verification

- Are you at least 18 years of age? YES NO
 > Proof of age will be required upon hire

- Are you eligible to work in the United States? YES NO

- Please select one of the boxes below that best describes you:

 > Proof of status will be required upon hire

I am a citizen or national of the United States.

I am a lawful permanent resident.

 Alien # - A _____

I am an alien authorized to work until (/ /)

 Alien # or Admission # _____

Have you ever been convicted of a felony or misdemeanor crime? YES NO

If yes, please describe the crime -state nature of the crime(s), when and where convicted, and disposition of the case.

Employment History (Please do not substitute your resume for this section)

Current or most recent employer _____

Position title _____ Dates of employment _____ to _____

May we contact this employer? **YES** **NO** please explain _____

Job duties pertaining to job applying for _____

Reason for leaving _____

Salary \$ _____ Eligible for rehire **YES** **NO** Why? _____

Supervisor _____ Phone # (____) _____ Ext _____

Was a reference form mailed to this employer? **YES** **NO** If yes, date sent _____

For office use only

Completed reference form received on _____ If not, was this employer called? **YES** **NO**

Date of phone contact _____ Were dates, position and eligibility verified? **YES** **NO**

Employer name _____

Position title _____ Dates of employment _____ to _____

Job duties pertaining to job applying for _____

Reason for leaving _____

Salary \$ _____ Eligible for rehire **YES** **NO** Why? _____

Supervisor _____ Phone # (____) _____ Ext _____

Was a reference form mailed to this employer? **YES** **NO** If yes, date sent _____

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Completed reference form received on _____ If not, was this employer called? **YES** **NO**

Date of phone contact _____ Were dates, position and eligibility verified? **YES** **NO**

Employer name _____

Position title _____ Dates of employment _____ to _____

Job duties pertaining to job applying for _____

Reason for leaving _____

Salary \$ _____ Eligible for rehire **YES** **NO** Why? _____

Supervisor _____ Phone # (____) _____ Ext _____

Was a reference form mailed to this employer? **YES** **NO** If yes, date sent _____

For office use only

Completed reference form received on _____ If not, was this employer called? **YES** **NO**

Date of phone contact _____ Were dates, position and eligibility verified? **YES** **NO**

Personal References (please list 3 personal references other than relatives and previous employers)

Name _____ Relationship to applicant _____ Years Known _____

Phone # _____ Email address _____

Was a reference form mailed to this person? YES NO If yes, date sent _____

For office use only

Completed reference form received on _____ If not, was this person called? YES NO

Date of phone contact _____ Was information given by applicant verified? YES NO

Name _____ Relationship to applicant _____ Years Known _____

Phone # _____ Email address _____

Was a reference form mailed to this person? YES NO If yes, date sent _____

For office use only

Completed reference form received on _____ If not, was this person called? YES NO

Date of phone contact _____ Was information given by applicant verified? YES NO

Name _____ Relationship to applicant _____ Years Known _____

Phone # _____ Email address _____

Was a reference form mailed to this person? YES NO If yes, date sent _____

For office use only

Completed reference form received on _____ If not, was this person called? YES NO

Date of phone contact _____ Was information given by applicant verified? YES NO

Certificate of Applicant

I hereby certify that all statements made on this application are true and complete to the best of my knowledge. Further, I understand that any false information by inclusion or exclusion can be grounds for my discharge. I also understand that any offer of employment is contingent upon the clearance of my fingerprints by the State and the F.B.I. background checks. I understand that any employment by this organization is of an "at will" nature and that I may be discharged at any time with or without cause but that this decision must be documented in writing by an authorized agent of this organization. I understand that I am required to abide by all rules and regulations of the employer. By signing, I also give Barnes Family Services permission to contact the references listed on this application. Barnes Family Services is an Equal Employment opportunity Employer.

Signature of applicant _____

Date _____

Print Name _____

For office use only

Date received _____ Date of interview _____ Date of hire _____