

Vera Lloyd Presbyterian Family Services, Inc. Employment Application Form

Please print ALL
information requested
except for signature

Date received

Please complete pages 1-5

Date: _____

Name: _____

Last
First
Middle
Maiden

Present address: _____

Number
Street
City
State
Zip

How long at present address _____
 Telephone (____) _____
 If under 18, please list age _____

Social Security No. ____ - ____ - ____
 Other (____) _____

Position applied for (1) _____
 Salary desired (2) _____

Days/hours available to work
 No pref _____ Thur _____
 Mon _____ Fri _____
 Tue _____ Sat _____
 Wed _____ Sun _____

How many hours can you work weekly? _____ Can you work nights? _____
 Employment desired: ___ Full-time only ___ Part-time only ___ Full- or Part-Time
 Date available for work: _____

Are you related to any current employees? (check one) ___ Yes ___ No
 If yes, please provide the name(s) of the employee(s) _____

Type of School	Name of School	Complete Mailing Address	Number of Years completed	Major & Degree
High School				
College				
Bus or Trade School				
Professional School				

Have you ever been convicted of a crime? No Yes
If yes, explain the number of conviction(s), nature of offense(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

Do you have a valid Arkansas Driver's License? Yes No
Have you been licensed in any other state? Yes No
If Yes: State: _____ Number: _____
Current driver's license number: _____ State of issue: _____
Expiration Date: _____ Operator Commercial (CDL) Chauffeur
Have you had any accidents during the last three years? _____ How many? _____
Have you had any moving violations during the past three years? _____ How many? _____

Do you have experience in any of these areas?
Quicken Yes No Excel Yes No
Typing Yes No WPM 10-key Yes No
Word Processing Yes No WPM Other _____
Personal Computer Yes No PC Mac Skills _____

Below give the name and telephone numbers of six persons to whom you are not related, but have known you at least one year. Please list phone numbers where individuals can be reached Monday – Friday, 8:00 AM to 5:00 PM. Please note: a minimum of one personal and two professional references is required of all applicants before being offered employment.

Name _____	Name _____
Phone (____) _____	Phone (____) _____
Name _____	Name _____
Phone (____) _____	Phone (____) _____
Name _____	Name _____
Phone (____) _____	Phone (____) _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your qualifications for the position for which you are applying. Minimally, state why you wish to work with at-risk youth.

Military Experience

Have you ever been in the armed forces? ___ Yes ___ No

Are you now a member of the National Guard ___ Yes ___ No

Branch _____ Date Entered _____ Discharge Date _____

Work Experience: Please list your work experience beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Phone Number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer Address City, State, Zip Phone Number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer Address City, State, Zip Phone Number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer Address City, State, Zip Phone Number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

May we contact your present employer? ___ Yes ___ No
 Any additional information you feel would be helpful?

Please Read Carefully
Application Form Waiver

In exchange for the consideration of my job application by Vera Lloyd Presbyterian Family Services, Inc (hereinafter called "the Agency"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist or other Agency practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Vera Lloyd Presbyterian Family Services, Inc., or otherwise to change in any respect the employment-at-will relationship. Both the undersigned and the Agency may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Agency may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Agency permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Agency from any liability as a result of such contact.

I understand background checks will be completed, and that employment is contingent upon the results, whether received by the Agency prior to or following initiation of employment. I also understand that (1) the Agency has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing under such policy.

I further understand that my employment with the Agency shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relation with the Agency is terminable at will for any reason by either party and that benefits begin at successful completion of the probationary period.

Signature of applicant: _____

Date: _____

This Agency is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age, or disability. We assure you that your opportunity for employment with this Agency depends solely on your qualifications.

Thank you for completing this application form and for your interest in our ministry.

Please do not write below this line – for employers use only. Thank you.

Hire Date _____

Position _____

First Day of Work _____

Will report to _____

Employee will be paid

\$ _____ Hourly wage rate

\$ _____ Salary per year

Wage Allocation

Residential Home Program _____ .__%

Therapeutic Group Home Program _____ .__%

Emergency Shelter Program _____ .__%

School _____ .__%

Intensive Family Services Program _____ .__%

Counseling _____ .__%

Administration _____ .__%

Development _____ .__%

Total Percent _____ .__%