



# Creative Family Solutions, Inc.

## Employment Application

**Special Note to Applicants:** I understand, as a Service Provider for Creative Family Solutions, Inc., I may be required to transport clients; therefore, if interviewed, I will provide a current DMV report.

An Equal Opportunity Employer

PERSONAL							
LAST NAME		FIRST		MIDDLE		SOCIAL SECURITY NO.	
STREET ADDRESS			CITY		STATE	ZIP	HOME TELEPHONE NO.
ARE YOU OVER THE AGE OF 21? <input type="checkbox"/> YES <input type="checkbox"/> NO				NAME MOST COMMONLY USED			
IN EMERGENCY, NOTIFY NAME & RELATIONSHIP _____ ADDRESS _____							
CITY _____		STATE _____		TELEPHONE (WORK) _____		(HOME) _____	
POSITION APPLYING FOR				DATE YOU CAN START		SALARY DESIRED	
STATE WHETHER PREVIOUSLY EMPLOYED BY CFS <input type="checkbox"/> YES <input type="checkbox"/> NO			LOCATION			DATE FROM _____ TO _____	
HAVE YOU APPLIED WITH CFS BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO			DATE _____				
Have you ever been convicted of a felony or misdemeanor or are you currently under investigation for any pending charges? If so, describe: (Note: A conviction is not necessarily a bar to employment) <input type="checkbox"/> YES <input type="checkbox"/> NO _____							
EDUCATION	NAME & LOCATION OF SCHOOL			NO. OF YEARS ATTENDED	DID YOU GRADUATE?	DEGREE OR MAJOR	
G.E.D.						NON APPLICABLE	
HIGH SCHOOL						NON APPLICABLE	
COLLEGE							
TRADE, BUSINESS, CORRESPONDENCE SCHOOL OR GRADUATE SCHOOL							
US MILITARY SERVICE				TRAINING			
BRANCH OF SERVICE				CHECK ALL TRAINING YOU HAVE HAD THAT IS STILL CURRENT AND ATTACH A COPY OF CERTIFICATES <input type="checkbox"/> CPR (ADULT, CHILD, INFANT)      EXP. DATE: _____ <input type="checkbox"/> FIRST AID      EXP. DATE: _____ <input type="checkbox"/> CPI/MANDT      EXP. DATE: _____ <input type="checkbox"/> MEDICATION ADMINISTRATION      DATE: _____  LIST ANY OTHER FIELDS OF WORK FOR WHICH YOU ARE LICENSED, REGISTERED OR CERTIFIED WITH EXPIRATION DATES.			
DATE OF ENTRY ACTIVE DUTY							
DATE OF DISCHARGE ACTIVE DUTY							
FINAL RANK							
EXPLAIN MILITARY WORK SERVICE							
<b>PLEASE COMPLETE REVERSE SIDE</b>							

## SKILLS

LIST ANY RELEVANT SKILLS

## EMPLOYMENT HISTORY

START WITH YOUR MOST RECENT POSITION AND WORK BACKWARDS

EMPLOYER	ADDRESS	PHONE
JOB TITLE	SUPERVISOR'S NAME AND TITLE	SALARY
DATE EMPLOYED (Mo./Yr.)	DATE SEPARATED (Mo./Yr.)	
FULL TIME _____ # Yrs. _____ # Mos.	PART TIME _____ # Yrs. _____ # Mos.	_____ # Of Hours Per Week
DESCRIPTION OF WORK:		
REASON FOR LEAVING:		

EMPLOYER	ADDRESS	PHONE
JOB TITLE	SUPERVISOR'S NAME AND TITLE	SALARY
DATE EMPLOYED (Mo./Yr.)	DATE SEPARATED (Mo./Yr.)	
FULL TIME _____ # Yrs. _____ # Mos.	PART TIME _____ # Yrs. _____ # Mos.	_____ # Of Hours Per Week
DESCRIPTION OF WORK:		
REASON FOR LEAVING:		

EMPLOYER	ADDRESS	PHONE
JOB TITLE	SUPERVISOR'S NAME AND TITLE	SALARY
DATE EMPLOYED (Mo./Yr.)	DATE SEPARATED (Mo./Yr.)	
FULL TIME _____ # Yrs. _____ # Mos.	PART TIME _____ # Yrs. _____ # Mos.	_____ # Of Hours Per Week
DESCRIPTION OF WORK:		
REASON FOR LEAVING:		

## REFERENCES

GIVE THE NAMES OF TWO PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR

NAME	ADDRESS	PHONE	YEARS KNOWN
1.			
2.			

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 references 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 all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any prior notice.

DATE

SIGNATURE