



Application for Employment

Please Print

It is the policy of Family & Children's Service to provide equal employment opportunity to all persons. All personnel actions such as recruitment, selection, hiring, training, supervision, compensation, promotion, demotion, transfer, lay-off or termination of staff are taken without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected characteristic. Applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of our Human Resources Department at 615-320-0591.

Position(s) applied for _____ Date of application ____/____/____

Name _____
Last First Middle

Address _____
Street City State Zip Code

Telephone # (____) _____ Cellular Phone/Other # (____) _____ E-mail Address _____

Referral Source Newspaper Website _____ Other (explain) _____

Type of employment desired Full-Time Part-Time Temporary Internship

Date available for work ____/____/____ What is your desired salary range?\$ _____

Can you travel if a job requires it? Yes No

Have you ever been employed here before? Yes No

If **yes**, give dates and positions

Have you ever filled out an application here before? Yes No

If **yes**, give dates and positions.....

Do you have any relatives employed at F&CS? Yes No

If **yes**, please list

If hired, can you show proof of identity and legal authorization to work in the United States? Yes No

(Proof of citizenship or immigration status will be required upon employment.)

Have you ever been terminated from any prior employment? Yes No

If **yes**, explain

I understand that Criminal Background Checks (including, but not limited to FBI & TBI printing) will be a part of my background checks. A motor vehicle report will also be obtained regarding my driving record, if applicable to position. [] Initial here.

Answering "yes" to the following questions does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? Yes No

If **yes**, please provide date(s) and details _____

Educational Background

Starting with your most recent school attended, provide the following information.

School (include City & State)	Years Completed	Completed	Major/Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____	
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____	
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____	

Employment History

Starting with your most recent employer, provide the following information.

Employer	Telephone #	Dates employed:	Month	Year	to	Month	Year
Street Address	City	Compensation (Starting)					
	State	<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary	\$			per
Starting job title/final job title		Commission/Bonus/Other Compensation \$					
		Compensation (Final)					
		<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary	\$			per
		Commission/Bonus/Other Compensation \$					
Immediate supervisor and title (for most recent position held)		May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later					
Why did you leave?							
Summarize the type of work performed and job responsibilities.							
What did you like most about your position?							
What were the things you liked least about the position?							

Employer	Telephone #	Dates employed:	Month	Year	to	Month	Year
Street Address	City	Compensation (Starting)					
	State	<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary	\$			per
Starting job title/final job title		Commission/Bonus/Other Compensation \$					
		Compensation (Final)					
		<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary	\$			per
		Commission/Bonus/Other Compensation \$					
Immediate supervisor and title (for most recent position held)		May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later					
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		Compensation (Final)					
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Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying.

Additional Skills (Check appropriate boxes and explain.)

Computer Software Skills _____

Years: _____

Languages spoken/read fluently _____

Years: _____

Other _____

Years: _____

References

List 3 business references not related to you. If not applicable, list 3 school or personal references not related to you.

Name	Relationship to you	Email address	Daytime Phone
			()
			()
			()

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview, including criminal background, driving record, and FBI/TBI fingerprint checks. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only **45** days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I understand that any offer of employment is contingent upon the results of the aforementioned background checks. I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that this employer is an equal opportunity employer and this employer is in compliance with the Non-Smoker Protection Act of Tennessee and is a smoke-free workplace.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to eliminate me from further consideration for employment, or may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____

Date ____/____/____

Print Name _____

Family & Children's Service

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hrdept@fcsnashville.org