

# Family New Life Community Employment Application

<b>Personal Data</b>							
Name (Last, First, Middle)				Nickname		Date of Application	
Current Street Address			City		State		Zip
Current Mailing Address <i>(if different from above)</i>			City		State		Zip
Telephone Numbers Work/Day:				Home/Evening:			
Are you legally eligible to work in the U.S.? <i>(Proof of identity and legal right to work will be required upon employment.)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No							
If you are not a U.S. citizen, do you have the legal right to remain in the U.S.? <input type="checkbox"/> Permanently <input type="checkbox"/> Temporarily							
Have you ever been known by any other name(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, please list:				
Have you ever applied with AFPS. before today? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, complete the following:		Location		Results
			Approximate Date				
<b>Work Preference</b>							
Type of Position Desired				Salary Requirements \$      per			
Date Available for Work							
Type of Employment Desired <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Intern <input type="checkbox"/> Co-Op <input type="checkbox"/> Other:							
<b>Employment History</b>							
Please list your job history for the past seven (7) years in chronological order. You may attach a resume, but complete this application as well. <i>(Applicant may include in such history any verified work performed on a temporary, cooperative, summer and/or volunteer work).</i>							
Present or Most Recent Employer		Type of Business		Telephone Number		Dates of Employment From:      To:	
Address (Street Number, City, State and Zip)					Starting Base Salary \$      per:		
Job Title		Supervisor Name and Title			Final Base Salary \$      per:		
Reason for Leaving				Describe Your Responsibilities or <input type="checkbox"/> See Attached Resume			
May we contact this company? <input type="checkbox"/> Yes <input type="checkbox"/> No				If no, may we contact upon your acceptance of our employment offer? <input type="checkbox"/> Yes <input type="checkbox"/> No      Contact Name:			
Previous Employer		Type of Business		Telephone Number		Dates of Employment From:      To:	
Address (Street Number, City, State and Zip)					Starting Base Salary \$      per:		
Job Title		Supervisor Name and Title			Final Base Salary \$      per:		
Reason for Leaving				Describe Your Responsibilities or <input type="checkbox"/> See Attached Resume			
May we contact this company? <input type="checkbox"/> Yes <input type="checkbox"/> No				If no, may we contact upon your acceptance of our employment offer? <input type="checkbox"/> Yes <input type="checkbox"/> No      Contact Name:			

<b>Employment History Continued</b>			
Previous Employer	Type of Business	Telephone Number	Dates of Employment From:                      To:
Address (Street Number, City, State and Zip)		Starting Base Salary \$                      Per:	
Job Title	Supervisor Name and Title	Final Base Salary \$                      Per:	
Reason for leaving		Describe Your Responsibilities <div style="text-align: right;">Or <input type="checkbox"/> See Attached Resume</div>	
May we contact this company? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, may we contact upon your acceptance of our employment offer? <input type="checkbox"/> Yes <input type="checkbox"/> No                      Contact Name:	
Previous Employer (including address)	Dates of Employment From:                      To:	Telephone Number	Reason for Leaving
Previous Employer (including address)	Dates of Employment From:                      To:	Telephone Number	Reason for Leaving
Previous Employer (including address)	Dates of Employment From:                      To:	Telephone Number	Reason for Leaving
Previous Employer (including address)	Dates of Employment From:                      To:	Telephone Number	Reason for Leaving
<b>Military Experience (Do not include ROTC)</b>			
Be sure to include any special/technical training (show dates, names and addresses of schools)			
Branch of Service	Dates of Service From:                      To:	Rank at Discharge	Occupational Specialization
Branch of Service	Dates of Service From:                      To:	Rank at Discharge	Occupational Specialization
Branch of Service	Dates of Service From:                      To:	Rank at Discharge	Occupational Specialization
Branch of Service	Dates of Service From:                      To:	Rank at Discharge	Occupational Specialization
<b>References</b>			
Please list three persons best qualified to comment on your related experience and/or educational background.			
Name	Relationship	Address	Telephone Number
Name	Relationship	Address	Telephone Number
Name	Relationship	Address	Telephone Number

## Education

Name and address of high school(s), college(s) or other schooling (include street, city, state and zip).	Dates of Attendance	Years Completed	Major Studies/Degree(s)
	From: To:	From: To:	
	From: To:	From: To:	
	From: To:	From: To:	

## Scholastic Record (College Only)

Undergraduate cumulative overall grade point average:	On a Scale of A =  Points	Rank in Class  <input type="checkbox"/> Top 10% <input type="checkbox"/> 1 <sup>st</sup> Qtr. <input type="checkbox"/> 2 <sup>nd</sup> Qtr. <input type="checkbox"/> 3 <sup>rd</sup> Qtr. <input type="checkbox"/> 4 <sup>th</sup> Qtr.			
Undergraduate grade point average in major field:	On a Scale of A =  Points	Graduate cumulative overall grade point average:		On a Scale of A =  Points	

## Activities

List school, campus, professional and/or community activities. Include any office(s) held. (If you wish, you may omit any organization or activity, the name of which indicates the race, sex, color, religion or national origin of its members.)

Name of Organization/Activity	Role/Position	Duties/Accomplishments	Dates (Include Month and Year)

List licenses, special training or skills you would like considered; e.g., Professional Engineer, CPA, programming, etc.

## Additional Information

The fact that you are awaiting trial or have a record of conviction will not necessarily bar you from employment.

Have you been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please state the date and disposition.	Do you currently use illegal drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever taken money or articles of value from an employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain.	

**An Equal Opportunity Employer.** Family New Life Community does not Discrimination against any individual because of race, sex, color, religion, national origin, a disability, or status as a veteran or a disabled veteran, is prohibited. The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age. If you believe you have been discriminated against, you may notify the Equal Employment Opportunity Commission, the Federal Communications Commission, the Office of Federal Contract Compliance Programs or other appropriate federal or state agencies.

***As An Applicant You Agree To And Understand The Following:***

1. You must provide proof of identity and authorization to work in the U.S. as required by the Immigration Reform and Control Act of 1986.
2. You will be required to meet the minimum age requirements of applicable laws.
3. The Family New Life Community may conduct a drug test and investigations, including MVR, driver's license, criminal records, credit history, verification of prior employment history, professional certifications and education. By signing this application I hereby grant permission to any person, firm, or corporation to release to the Company or its representative any and all information regarding my past work or employment, and background. I waive any and all claims I might have with respect to the providing of such information.
4. I certify that the information provided in this Application is accurate. I understand that the withholding of information or the giving of false information on this application will result in a refusal to hire or in disciplinary action up to and including the termination of my employment.
5. I understand that nothing in this Application or in the Family New Life Community personnel guidelines, handbooks, policies or procedures is intended to create, or does create, an employment contract between the Company and me. I further understand and agree that if I am offered employment by the Company it will be on an at-will basis. This means that either the Company or I may terminate the employment relationship at any time for any reason, with or without cause. I understand and agree that only the Company President can enter into an agreement on any other terms and she can only do so in writing signed by her and the employee in question. Finally, I understand and agree that this constitutes the entire agreement between the Company and me with regard to this subject.
6. If you have signed an employment agreement, confidentiality agreement or any other document with a prior employer that might restrict your activities if hired by Alliance Fire Protection Services, Inc., you must disclose this fact before a job offer is made. Failure to disclose such information is grounds for termination of your employment.

***I have read and understand the above.***

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_