



**Integrated Family Services**  
 PLLC

## Employment Application

This company is an equal opportunity/affirmative action employer. All qualified applicants will be considered without regard to age, race, color, sex, religion nation origin, marital status, ancestry, citizenship, veteran status, sexual orientation or preference, or physical and mental disability.

| <b>PERSONAL</b>                                                                                 |                     |                                                                |                                   |
|-------------------------------------------------------------------------------------------------|---------------------|----------------------------------------------------------------|-----------------------------------|
| <b>Last Name</b>                                                                                | <b>First</b>        | <b>Initial</b>                                                 | <b>Social Security #</b>          |
| <b>Other Name(s) Used</b>                                                                       |                     |                                                                | <b>Home Telephone #</b><br>(    ) |
| <b>Address</b>                                                                                  |                     |                                                                | <b>Cell Telephone #</b><br>(    ) |
| <b>Position Applied For:</b>                                                                    | <b>Referred By:</b> |                                                                | <b>Salary Desired</b>             |
| <b>Have you ever interviewed with the company or its affiliates before?    Yes    No</b>        |                     | <b>If yes, list date (s), job title (s) &amp; location (s)</b> |                                   |
| <b>Have you ever been employed by the company or its affiliates before?    Yes    No</b>        |                     | <b>If yes, list date (s), job title (s) &amp; location (s)</b> |                                   |
| <b>Do you have any relatives employed by the company or its affiliates before?    Yes    No</b> |                     | <b>If yes, list date (s), job title (s) &amp; location (s)</b> |                                   |
| <b>Are you at least 18 years old?    Yes    No</b>                                              |                     | <b>If under 18, do you have a work permit?</b>                 |                                   |
| <b>Work Availability:    Full-Time    Part-Time</b>                                             |                     |                                                                |                                   |

Circle Highest Grade Completed: **High School**      9      10      11      12  
 College, Trade or Business      1      2      3      4  
 Graduate Studies \_\_\_\_\_

| <b>EDUCATION</b>                                                 |                |                      |                                                |
|------------------------------------------------------------------|----------------|----------------------|------------------------------------------------|
| <b>School</b>                                                    | <b>Address</b> | <b>Major Studies</b> | <b>Degree, Diploma, License or Certificate</b> |
| <b>High School</b>                                               |                |                      |                                                |
| <b>College/University</b>                                        |                |                      |                                                |
| <b>Vocational, Business, Other</b>                               |                |                      |                                                |
| <b>List any professional designations (ex: LCSW, ACSW, CPA):</b> |                |                      |                                                |
| <b>Other Special Knowledge, Skills or Qualifications :</b>       |                |                      |                                                |

|                                                                      |
|----------------------------------------------------------------------|
| <b>Do You Type:    Yes    No</b>                                     |
| <b>If Yes, WPM:</b>                                                  |
| <b>Computer Skills Using Hardware/Software (ex: Microsoft Word):</b> |

## EMPLOYMENT HISTORY

List all employments for the past 10 years, starting with the most recent position. All information **MUST** be completed. You may attach a resume, but not in place of completing the required information.

|                                      |                         |                           |                        |
|--------------------------------------|-------------------------|---------------------------|------------------------|
| <b>Employer From</b><br>/ /          | <b>Employer Name</b>    | <b>Supervisor Name</b>    | <b>Starting Salary</b> |
| <b>Employer Until</b><br>/ /         | <b>Employer Address</b> | <b>Supervisor Phone #</b> | <b>Ending Salary</b>   |
| <b>Job Title</b>                     |                         | <b>Reason For Leaving</b> |                        |
| <b>Duties &amp; Responsibilities</b> |                         |                           |                        |
|                                      |                         |                           |                        |
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|                                      |                         |                           |                        |

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|--------------------------------------|-------------------------|---------------------------|------------------------|
| <b>Employer From</b><br>/ /          | <b>Employer Name</b>    | <b>Supervisor Name</b>    | <b>Starting Salary</b> |
| <b>Employer Until</b><br>/ /         | <b>Employer Address</b> | <b>Supervisor Phone #</b> | <b>Ending Salary</b>   |
| <b>Job Title</b>                     |                         | <b>Reason For Leaving</b> |                        |
| <b>Duties &amp; Responsibilities</b> |                         |                           |                        |
|                                      |                         |                           |                        |
|                                      |                         |                           |                        |
|                                      |                         |                           |                        |

|                                      |                         |                           |                        |
|--------------------------------------|-------------------------|---------------------------|------------------------|
| <b>Employer From</b><br>/ /          | <b>Employer Name</b>    | <b>Supervisor Name</b>    | <b>Starting Salary</b> |
| <b>Employer Until</b><br>/ /         | <b>Employer Address</b> | <b>Supervisor Phone #</b> | <b>Ending Salary</b>   |
| <b>Job Title</b>                     |                         | <b>Reason For Leaving</b> |                        |
| <b>Duties &amp; Responsibilities</b> |                         |                           |                        |
|                                      |                         |                           |                        |
|                                      |                         |                           |                        |
|                                      |                         |                           |                        |

|                                      |                         |                           |                        |
|--------------------------------------|-------------------------|---------------------------|------------------------|
| <b>Employer From</b><br>/ /          | <b>Employer Name</b>    | <b>Supervisor Name</b>    | <b>Starting Salary</b> |
| <b>Employer Until</b><br>/ /         | <b>Employer Address</b> | <b>Supervisor Phone #</b> | <b>Ending Salary</b>   |
| <b>Job Title</b>                     |                         | <b>Reason For Leaving</b> |                        |
| <b>Duties &amp; Responsibilities</b> |                         |                           |                        |
|                                      |                         |                           |                        |
|                                      |                         |                           |                        |
|                                      |                         |                           |                        |

## GENERAL

YES

NO

May we contact your current employer for references?

If hired, will you be able to work overtime?

Will you be able to perform the essential job functions for the position you are applying for with or without reasonable accommodation?

Have you ever been convicted of any crime (excluding a misdemeanor traffic violation). A yes response does not automatically disqualify your application. If yes, please explain, attach additional sheet.

## PERSONAL INFORMATION RELEASE

Please list any additional addresses/residencies in the last 7 years (the most current first). Attach an additional sheet if necessary.

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Street Address

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City

State

Zip Code

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Street Address

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City

State

Zip Code

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Street Address

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City

State

Zip Code

I, \_\_\_\_\_ hereby authorize, Employment Screening, Inc., and all their associated agencies, partners or other entities (hereafter referred to as ESI) to secure any and all personal information from any source of record that they deem necessary in order to perform a background check on me. I further authorize ESI to release said information to any person and/or company with which this form has been filed, including their agents, and release all of the aforementioned companies, agents, and entities from any and all legal liability for collecting, furnishing or other wise reporting the personal background information of the applicant/candidate above.

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Applicant/Employee/Candidate Signature

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Date

## **CERTIFICATION & AUTHORIZATION**

The above information is true and correct. I understand that the hiring process will be terminated or in the event of my employment by Integrated Family Services, PLLC, I shall be subject to dismissal, if any information that I have given in this application, the background release form, in any resume or interview or any part of the hiring process is false or misleading or if I have failed to give any information herein requested, or if I have withheld relevant information, regardless of the time elapsed after discovery.

I authorized Integrated Family Services, PLLC (IFS) to inquire into my educational, professional and past employment history references as needed to research my qualifications for this position. I hereby give my consent to any former employer to provide employment-related information about me to IFS and will hold IFS and my former employer harmless from any claim made on the basis that such information about me was provided or that any employment decision was made on the basis of such information. I further authorize IFS to obtain any credit and consumer check. I understand that nothing in this employment application, the granting of an interview or my subsequent employment with IFS and is intended to create an employment contract between myself and IFS under which my employment could be terminated only for cause. On the contrary I understand and agree that, if hired, my employment may be terminated at will by IFS and may be terminated by me, at any time and for any reason. I understand that no person has any authority to enter into any agreement contrary to the foregoing.

If employed, I will be required to provide original documents which verify my identity and right to work in the United States under the Immigration Reform and Control Act (IRCA) of 1986. The document(s) provided will be used for completion of Form I-9.

I hereby acknowledge that I have read and agree to the above statements.

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Signature

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Date