



Family Life Care, Inc. Employment Application

Date: _____

Name: _____ Nickname: _____
Last First Middle Maiden

Full Address: _____
Street City State Zip County

DOB: _____ S.S # _____ - _____ - _____ Home Phone: _____ Other Phone: _____

Position Wanted: _____ Full Time / Part Time / Relief Salary Desired: _____ (hourly)

Date you can start: _____

Circle one or more:

Can you work nights: yes no sometimes

Can you work weekends: yes no sometimes

Can you travel to work: yes no sometimes

Can you work split shifts: yes no sometimes

Are you related to anyone working for FLC: yes no If yes, name & relationship: _____

Were you referred to FLC: yes no If yes, by whom: _____

Have you ever been convicted of a crime: yes / no If yes, explain number of convictions(s), nature of offense(s), dates of each offense(s) committed, sentence(s) imposed and type(s) of rehabilitation:

EDUCATION

	Name/Address	Graduated
Major/Degree		
High School:	_____	

College: _____

Other: (specify): _____

Special Studies/Training: _____

Activities (civic/volunteer): _____

Summarize special skills acquired from employment or other experience: _____

Name and Phone number of an Emergency / Alternate Contact: _____

List three (3) personal references (one may be a relative)

1. Name: _____ Telephone: _____ Relationship: _____

Address: _____

2. Name: _____ Telephone: _____ Relationship: _____

Address: _____

3. Name: _____ Telephone: _____ Relationship: _____

Address: _____

List three (3) former employers, beginning with most recent

1. Name of employer: _____ Started: _____ Ended: _____

Address/Phone: _____

Job Title/Duties: _____

Reason for leaving: _____

Supervisor: _____ May We Contact: _____

2. Name of employer: _____ Started: _____ Ended: _____

Address/Phone: _____

Job Title/Duties: _____

Reason for leaving: _____

Supervisor: _____ May We Contact: _____

3. Name of employer: _____ Started: _____ Ended: _____

Address/Phone: _____

Job Title/Duties: _____

Reason for leaving: _____

Supervisor: _____ May We Contact: _____

Please Read Carefully

I authorize investigation of all statement contained in this application. I understand that the misrepresentation or omission of the facts called for is cause for dismissal at any time without any previous notice. I hereby give Family Life Care permission to contact schools, previous employers (unless otherwise indicated), references and others, and hereby release Family Life Care from any liability as a result of such contact. I understand as a condition for employment I must undergo a background screening through the Florida Department of Law Enforcement. I further understand that my employment with Family Life Care shall be considered a "Contract" worker and will not be entitled to worker compensation benefits. I will be responsible to pay my own federal and state income taxes on any money earned pursuant to the contractual relationship. There will be a employment probationary period of ninety (90) days with our option to increase to 180 days if deemed necessary during the probationary period. My employment relationship with Family Life Care is terminable at will for any reason by either party.

I understand the above conditions of employment.

Signature of Applicant

Date

Family Life Care 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 Company depends solely on your qualifications.

OFFICE USE ONLY

Interviewed by: _____ Date: _____ Remarks from References: _____

Hire Date: _____ Pay Rate: _____ Position: _____

Local Background Complete: yes no Comments: _____

Meets DS Qualifications: yes no Meets Aged/Disabled Qualifications: yes no

Other: _____

You may fax your completed application for immediate consideration for any current openings we may have.