



Alliance Family Services Application for Employment

Position Applying For: _____ Date: _____

Personal Information

Name (Last, First, Middle)	Telephone
Address	Message Number
City/State/Zip	Email

Are you legally authorized to work in the United States? Yes No

Are You Applying For: FT PT What Shift(s) Will you Work? Days Evenings Nights May We Contact Present Employer? Yes No

Employment History

Dates To: _____ From: _____	Company Name	City, State
Titles and Duties:		
Reason for Leaving:	Supervisor's Name:	Phone Number:

Dates To: _____ From: _____	Company Name	City, State
Titles and Duties:		
Reason for Leaving:	Supervisor's Name:	Phone Number:

Dates To: _____ From: _____	Company Name	City, State
Titles and Duties:		
Reason for Leaving:	Supervisor's Name:	Phone Number:

Dates To: _____ From: _____	Company Name	City, State
Titles and Duties:		
Reason for Leaving:	Supervisor's Name:	Phone Number:

Education/Training

Have you obtained a High School Diploma or GED Certificate? Yes No

School	Name & Location	Diploma/Degree	Subject Of Specialization
College/University			
Specialized Training & Courses			

PROFESSIONAL & TECHNICAL INFORMATION - To Be Completed for Licensed/Registered Positions

Idaho Registration No.	Expiration Date	Certificate No.	Expiration Date
If not licensed in Idaho, have you applied? <input type="checkbox"/> Yes <input type="checkbox"/> No		If licensed in another state, list:	

OTHER SPECIAL SKILLS - List Other Specific Skills You Have to Offer for This Job Opening:

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REFERENCES - Give the Names of Three Persons Not Related to You

Name	Address	Phone	Occupation

Legal Record

Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No Type of Felony:
Have you ever been convicted of a misdemeanor? <input type="checkbox"/> Yes <input type="checkbox"/> No Type of Misdemeanor:
Details:

Driving History

Do you have a current valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	State Issued:	License #:
Do you have current auto insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Agency:	
Policy #	Expiration date:	

Applicant's Statement Regarding Caregiver History

I attest that I, the applicant, have never abused, neglected, sexually assaulted, exploited or deprived any person nor have I subjected any person to serious injury as a result of intentional or grossly negligent misconduct.

Waiver and Release of Information

I understand and agree that any consequential omissions or misrepresentations made by me on this application will be sufficient cause for cancellation of this application and/or termination by Alliance Family Services if I have been employed. I understand that any offer of employment will be at the will of Alliance Family Services and that the company reserves the right to terminate my employment at any time, with or without prior notice and that I am free to resign at any time with or without prior notice. I understand that no representative of the company has the authority to make any assurances to the contrary.

I give Alliance Family Services the right to investigate all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any other pertinent information they may have, personal or otherwise, and release Alliance Family Services and its representatives from all liability from any damage that may result from furnishing the same to you. This includes a criminal background history, workers compensation investigation and/or social security check. This may also include random drug testing.

I further agree that I will abide by all the rules, regulations and policies of Alliance Family Services and that failure to do so may be cause for termination. I also understand that any offer of employment is contingent upon satisfactory completion of drug testing and clearance of my criminal history and background check, as well as passing the Skills Competency Training offered by Alliance Family Services.

I have read and fully understand the final disclaimers.

Applicant Signature _____ Date _____