



Applying for a position with:

- Claire Lane
- St. Augustine
- Jacksonville Beach

We greatly appreciate your interest in our organization and assure you that applicants are considered for all positions without regard to race, color, sex, age, religion, national origin, disability, marital status or veteran status. Please note this application must be completed in its entirety and signed in order to be considered. Information submitted on this application is subject to verification. NOTE: All new hires are required to submit documentation in accordance with the Immigration Reform and Control act of 1986. In addition, Family Partners employees may be required to submit to drug/alcohol testing both prior to their first day of employment and during the scope of their employment.

PERSONAL INFORMATION Date: ___/___/___ Phone#() _____

Name: _____ Social Security #: ___/___/___
Last First Middle Initial

Present Address: _____
Street City State Zip How Long

Previous Address: _____
Street City State Zip How Long

Previous Address: _____
Street City State Zip How Long

Are you at least 16 years of age? Yes No If No, please state your age: _____

Are you legally eligible for employment in the US? Yes No

EMPLOYMENT INFORMATION

Position applying for: _____ Date available to start: ___/___/___

Type of Employment desired: Full Time Part Time Temporary Salary desired \$ _____ per _____

Are you willing to work overtime, if required? Yes No

Are there any shifts or hours which you cannot work? Yes No If yes, please identify: _____

Have you ever applied for a position with this company before? Yes No If yes, when? _____

Have you ever been convicted of any crime other than a minor traffic violation? Yes No

If yes, state date and places where charges occurred (Note: answering "Yes" will not automatically disqualify you for employment)

Have you taken any illegal drugs in the past thirty (30) days? Yes No

Are you presently employed? Yes No If yes, may we contact your present employer? Yes No

EDUCATION	Name and Location of School	Years Completed	Did you Graduate?	Degree Earned
High School				
College				
Graduate School				
Trade, Business or Certification				

List any other skills that would enhance your ability to perform this position: _____



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(over)



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EMPLOYMENT EXPERIENCE

Please give accurate, complete full and part time employment record. Start with your present or most recent employer.

Company Name:	Phone #:
Address:	Employed from _____ to _____
Name of Supervisor:	Salary/Wages Start: _____ Finish _____
State job title and responsibilities:	Reason for separation:

Company Name:	Phone #:
Address:	Employed from _____ to _____
Name of Supervisor:	Salary/Wages Start: _____ Finish _____
State job title and responsibilities:	Reason for separation:

Company Name:	Phone #:
Address:	Employed from _____ to _____
Name of Supervisor:	Salary/Wages Start: _____ Finish _____
State job title and responsibilities:	Reason for separation:

Note that the employers listed above will be contacted unless the application indicates differently. Are there any employers above whom you do not wish for us to contact? Yes No If yes, please indicate employer and reason _____

REFERENCES

List below the name of three persons, not related to you, whom you have know for at least one year:

Name	Address & Telephone #	Business	Years Known

I hereby reaffirm that I have read the foregoing questions and that my answers to them are true and correct and that I have not misrepresented or withheld any information. I understand that falsification of this information may be cause for immediate dismissal. I further acknowledge that my employment may be terminated, and any offer of employment may be withdrawn without prior notice at any time by me or the company. I also understand that my employment is at will. This means that I am free to terminate my employment at any time, for any reason, and the company retains the same right. I understand that any offer of employment may be contingent upon a background investigation, which may include credit, criminal, motor vehicle or previous employment. I hereby authorize all references and former employers listed on my information they might have, personal or otherwise, and release all parties from any claims, causes of action, or liability from damages that may or could result in furnishing such information to the company.



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Signature of Applicant

Date