



Franklin Family Services Employment Application

1. Applicant Information

Applicant name (last, first, middle):		Date:
Address (street, city, state, and zip code):		
Contact phone number (indicate work, cell, or home):		
Contact email:		
Preferred method of contact upon review of application details:		
Social Security Number:	Are you 18 years of age or older:	
List any other names used for past employment (i.e., maiden):		

2. Employment Information

What position are you applying for:
Type of desired employment (part-time or full-time):
If you have applied or been employed by Franklin Family Services in the past indicate the date:
How did you hear about us and what prompted you to apply:
Are you available to work on Saturdays:
Hourly or annual salary expectation:
If you have any relatives who are employed by Franklin Family Services list them here:

3. Employment History

Include details for your last seven years of employment regardless of submission of a resume

Present or most recent employer name and address:
Employer phone number:
Dates of employment:
Job Responsibilities:
Reason for Leaving:
Employer name and address:
Employer phone number:



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Dates of employment:

Job Responsibilities:

Reason for Leaving:

Employer name and address:

Employer phone number:

Dates of employment:

Job Responsibilities:

Reason for Leaving:

Detail any special training or experience related to the position not detailed above or in your resume (if including a resume with the application):

Detail the reason for any gap in employment:

Detail the reason you resigned or were fired from any past employment:



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Do you have current background clearances (FBI, PA State Police Criminal and Child Abuse):

4. Education and Training

Name and location of the High School you obtained your diploma from:

College/University name:

Degree Major:

Dates attended:

Degree completion date:

College/University name:

Degree Major:

Dates attended:

Degree completion date:

Business or Technical School:

Major:

Dates attended:

Completion date:

Certification or other:

5. Professional Employment References

- Include individuals such as supervisors, co-workers, and/or professors

- Do not list relatives in this reference section

Name:

Telephone:

Email:

How you know this reference:

Name:

Telephone:

Email:

How you know this reference:

Name:

Telephone:

Email:

How you know this reference:



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Attestation

By signing below (electronic signatures are acceptable), I certify that the facts given in this application are true and complete to the best of my knowledge. I understand that any omission or false statements on this application or interviews shall be considered sufficient cause for rejection of my application or dismissal from employment.

I authorize and request the release of reference information from persons, employers, and/or schools contacted by Franklin Family Services including an investigation of all statements contained in this application.

I understand that all applicants' conditional offers of employment may be contingent upon a physician's statement of my ability to meet the physical requirements of the position offered and the drug screening of the applicant selected for possible employment. Failure to submit to the physical examination or drug screening will result in denial of employment. I understand that I am required to abide by all rules and regulations of Franklin Family Services.

I understand that no provision of the application, interviews, and/or other Franklin Family Services policies is intended to create an employment contract between Franklin Family Services and myself for either employment or the provision of any benefit.

If an employment relationship is established, I understand that I have the right to terminate my employment at any time and that Franklin Family Services retains a similar right.

Signature of Applicant:

Date: