



FAMILY SERVICE ASSOCIATION
 An Equal Opportunity Employer
EMPLOYMENT APPLICATION

Last Name (Please Print) _____ First _____ Middle Initial _____ Date _____

Address: Street _____ City _____ State _____ Zip _____

Phone: Home _____ Work _____ Fax and/or Email _____

Position Desired _____ \$ _____ Salary Expected

Have you previously applied to FSA for Employment? _____ If so, when? _____

Have you ever been employed by FSA? _____ If so, when? _____ In what position? _____

How did you learn about our Organization? Newspaper _____ Internet _____ Other _____

How soon would you be available? _____

Are you or a Family Member currently a client of /customer of FSA? Yes _____ No _____

Have you ever been convicted of a crime? (Excluding minor traffic offenses) _____

If yes, please explain: _____

Education			
<u>School</u>	<u>Name & Location of School</u>	<u>Did you Graduate?</u>	<u>Degree or Diploma</u>
High School			
College			
Graduate			
Post Graduate			
Other			

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MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATIONS

(Exclude those which may disclose your race, color, religion or national origin)

EMPLOYMENT HISTORY

Name of Most Recent Employer:	Address	City	State	Zip
Telephone No.	Position/Title	Supervisor's Name		
()				
Date Employment Began	Date Employment Ended	Starting Salary	Ending Salary	
		\$ per	\$ per	
Reason for Leaving		May we contact this employer?		
Position Duties & Responsibilities				
Name of Employer:	Address	City	State	Zip
Telephone No.	Position/Title	Supervisor's Name		
()				
Date Employment Began	Date Employment Ended	Starting Salary	Ending Salary	
		\$ per	\$ per	
Reason for Leaving		May we contact this employer?		
Position Duties & Responsibilities				
Name of Employer:	Address	City	State	Zip
Telephone No.	Position/Title	Supervisor's Name		
()				
Date Employment Began	Date Employment Ended	Starting Salary	Ending Salary	
		\$ per	\$ per	
Reason for Leaving		May we contact this employer?		
Position Duties & Responsibilities				

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Name of Employer:	Address	City	State	Zip
Telephone No. ()	Position/Title	Supervisor's Name		
Date Employment Began	Date Employment Ended	Starting Salary \$ per	Ending Salary \$ per	
Reason for Leaving		May we contact this employer?		
Position Duties & Responsibilities				

Name of Employer:	Address	City	State	Zip
Telephone No. ()	Position/Title	Supervisor's Name		
Date Employment Began	Date Employment Ended	Starting Salary \$ per	Ending Salary \$ per	
Reason for Leaving		May we contact this employer?		
Position Duties & Responsibilities				

ADDITIONAL EMPLOYMENT INFORMATION
Certifications, Licensees, Honors, etc. (List only those that relates to the position for which you are applying and omit any that may disclose your race, creed, sex, or religion, etc.)
Please list experience and knowledge of computer skills, software, etc. and, if applicable for position, any other office skills you may have.

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REFERENCES

Please provide the names of three individuals (not related to you) for references:

Name	Address	Phone# (Home & Work)	Length of Time Known

Please read the following before signing this application:

Family Service Association is authorized to investigate any information contained herein or information relating to my business background.

My statements and answers to the foregoing are true and complete to the best of my knowledge. I understand that false or misleading statements will result in being disqualified or terminated.

The Immigration Reform and Control act requires employers to view original documents confirming the identity and right to work of all applicants about to be hired.

Family Service Association is an Equal Opportunity Employer and considers all candidates for employment regardless of race, creed, color, religion, sex, national origin, age, handicap or disability, marital status or veteran's status.

Signature of Applicant

Date

Application may be sent to:

Family Service Association
Attn: Human Resources Department
3073 English Creek Avenue
Egg Harbor Township, New Jersey 08234
Phone: 609-569-0239
Fax: 609-569-1944