

**Application for Employment to  
Futures Community Support Services, Inc.**

**Today's Date:** \_\_\_\_\_

Futures Community Support Services, Inc. is an Equal Opportunity Employer and does not discriminate on the basis of age (as defined by applicable law), religion, sex, race, color, sexual orientation, national origin, disability, or veteran status. It is our intention that all qualified applicants will be given equal opportunity and that selection decisions be based on job-related factors. Please notify the Human Resources Department if you need an accommodation for:

- Completing an Application
- Job Interview
- Testing
- Job Demonstration

Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not enough room on this application.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Work Phone Number \_\_\_\_\_

May we Contact you at work if needed?  Yes  No

**Position Objective**

Position applying for \_\_\_\_\_

Full-time  Part-time

Are you willing to travel to:  Towanda  Canton  Sayre/Athens

Are you willing to work:  1<sup>st</sup> Shift  2<sup>nd</sup> Shift  3<sup>rd</sup> Shift  Weekdays  Weekends

Available to start \_\_\_\_\_ Salary range desired \_\_\_\_\_

**Personal Information**

If hired, can you furnish proof you are eligible to work in the U.S.?  Yes  No

Do you have a valid driver's license that is clear of any felonies in the last 3 years?  Yes  No

Have you ever worked for Futures Community Support Services, Inc.  Yes  No

If yes, when \_\_\_\_\_ Title/Location \_\_\_\_\_

Have you ever applied at Futures?  Yes  No

Do you have any relatives or friends currently employed at Futures:  Yes  No

If yes, please provide name(s) and relationship(s):

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Referred by:  Newspaper  Employee  Employment Agency  Internet  Other \_\_\_\_\_

Have you ever been convicted of a violation of the law (except a minor traffic violation or sealed record)?

Yes  No

If yes, was the crime a felony?  Yes  No

(A yes does not automatically disqualify you from employment since the nature of the offense, date, and the job for which you are applying will also be considered).

If yes, give details:

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## Education and Training

Name of High School \_\_\_\_\_

Number of years completed \_\_\_\_\_ City/State \_\_\_\_\_

Diploma  Yes  No

College/Undergraduate School \_\_\_\_\_

Number of years completed \_\_\_\_\_ City/State \_\_\_\_\_

Diploma  Yes  No

Year diploma awarded \_\_\_\_\_ Type of degree/Area of Study \_\_\_\_\_

Additional training, education, or certificates that may be related to the position for which you are applying:

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## Employment History

List names of employers in consecutive order with **present or last employer listed first**.

Account for all periods of time, including military service and any periods of unemployment. If self-employed, give firm name and supply business references.

Employer \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Employed From: \_\_\_\_\_ to \_\_\_\_\_

Name & Phone Number of Supervisor \_\_\_\_\_

Your Job Title \_\_\_\_\_

Responsibilities \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

May we contact your present employer at this time?  Yes  No

Employer \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Employed From: \_\_\_\_\_ to \_\_\_\_\_  
Name & Phone Number of Supervisor \_\_\_\_\_  
Your Job Title \_\_\_\_\_  
Responsibilities \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

Employer \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Employed From: \_\_\_\_\_ to \_\_\_\_\_  
Name & Phone Number of Supervisor \_\_\_\_\_  
Your Job Title \_\_\_\_\_  
Responsibilities \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

## References

List name and telephone number of two references which are not related to you:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Years Known \_\_\_\_\_  
Phone Number \_\_\_\_\_ Best Time to Contact \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Years Known \_\_\_\_\_  
Phone Number \_\_\_\_\_ Best Time to Contact \_\_\_\_\_

## **Affidavit, Consent, and Release**

### **Please Read Carefully Before Signing This Application**

- I certify that the information contained in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.
- I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers, and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.
- I understand I will be required to successfully pass a drug screening examination and a criminal background check. I hereby consent to a pre-and/or post-employment drug screen and a criminal background check as a condition of employment, if required.
- I understand that this application, verbal statements by management, or subsequent employment does not create an express or implied contract of employment nor guarantee employment for any definite period of time. Only the Chief Executive Officer and the President of Futures Community Support Services, Inc. have authority to enter into an agreement of employment for any specified period and such agreement must be in writing, signed by the Chief Executive Officer or the President and the employee. If employed, I understand that I have been hired at the will of the employer and my employment may be terminated at any time, with or without reason and with or without notice.

I have read, understand, and by my signature consent to these statements.

Signature \_\_\_\_\_ Date \_\_\_\_\_