



## FFO Home

# Employment Application Form

FFO Home is an Equal Opportunity Employer. It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, disability or other protected classification.

Applying for a position at:			Date	
Location:	City:	State:		
Name (Last, First, MI)				
Street Address		City	State	Zip
Home Telephone Number		Alternate Number		
Other names employed under?				
List each city and state resided in during last 7 years:				
Have you been employed by FFO before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? Which location?				
List any friends or relatives working for FFO:				
What position are you applying for?		If hired, when could you start work?		
How were you referred to us?				
Would you be able to perform the following with or without an accommodation: Standing for long hours? <input type="checkbox"/> Yes <input type="checkbox"/> No Lifting over 50 pounds? <input type="checkbox"/> Yes <input type="checkbox"/> No Bending frequently? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Do you have the legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you ever served in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, when and what branch?		
Have you ever been convicted of, entered a plea of guilty or no contest to, or received deferred adjudication for, any crime? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list and describe in detail each instance. (A "yes" answer may not necessarily bar employment.)				
FFO is a drug-free workplace. As a condition of employment, you may be required to submit to a substance abuse test. Are you willing to do so? <input type="checkbox"/> Yes <input type="checkbox"/> No				

## Record of Education

School Name & Address	Course of Study	Did you graduate?	Grade Point Average	Diploma/Degree Received
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No		
College		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other (specify)		<input type="checkbox"/> Yes <input type="checkbox"/> No		

## Employment History

Are you presently employed?    Yes    No

If yes, may we contact your present employer?    Yes    No

List your work experience below beginning with your most recent job

Employer	Telephone #	Dates Employed (from/to)	
Job Title	Supervisor	Starting salary (annual) \$	Ending salary (annual) \$
Work Performed			
Reason for leaving			

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Job Title	Supervisor	Starting salary (annual) \$	Ending salary (annual) \$
Work Performed			
Reason for leaving			

Employer	Telephone #	Dates Employed (from/to)	
Job Title	Supervisor	Starting salary (annual) \$	Ending salary (annual) \$
Work Performed			
Reason for leaving			

## Employment History, Cont'd

Employer	Telephone #	Dates Employed (from/to)	
Job Title	Supervisor	Starting salary (annual) \$	Ending salary (annual) \$
Work Performed			
Reason for leaving			

### Personal References

List below individuals who are not relatives and are over the age of 21 whom you have known for at least 5 years.

Name	Title	Relationship	Years Known	Telephone #

In case of emergency, notify:	Relationship:
Business telephone number:	Home telephone number:

**PLEASE READ THE FOLLOWING CAREFULLY AND SIGN**

I certify that the facts set forth in this employment application are true and complete to the best of my knowledge. I understand that if I am employed, false statements or omissions in this application will be considered sufficient cause for dismissal. I authorize FFO Home to make any investigation of my background and prior educational and work history, including reference checks.

I understand FFO Home does not enter into employment agreements with its employees. Recognizing that I will be free to voluntarily terminate my employment at any time, with or without cause, I acknowledge that FFO Home is free to terminate my employment at any time, with or without cause.

I understand that the Polygraph Protection Act of 1988 permits polygraph testing of employees suspected of involvement in a workplace incident, such as theft or embezzlement that resulted in economic loss to FFO Home.

I understand that FFOHome conducts on-going, random substance abuse testing.

Applicant's Signature	Date
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**Background and Reference Investigation  
Authorization and Release**

I, \_\_\_\_\_ give FFO Home and/or its designated representative permission, authority, and consent to conduct a background investigation that may include, but not limited to: information as to my personal character and general reputation; verification of all employment references, education, credit history, motor vehicle driving record, social security wage information, criminal records and other data contained in public records determined relevant by FFO Home.

I further authorize FFO Home to provide any and all information described above to the background checking agency(ies) or its designees in such form as FFO Home shall determine.

I understand that information contained in the confidential report provided to FFO Home will not be disclosed to other parties without my express written permission and prior knowledge.

Name of Applicant: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver's License Number & State: \_\_\_\_\_

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

City / State / Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

In addition, I give my consent for all contacted persons including former employers to provide information concerning my application, and I release each such person from liability for providing information to the company.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_