



Lydia Home Association & Safe Families for Children Employment Application

Equal Opportunity Employer



Safe Families for Children

Personal Information:

Today's Date:

| | |
|--|-------------------------------|
| Last Name: | First Name: |
| Address: | City, State, Zip Code: |
| Phone Number: | Email Address: |
| How did you hear about this position? | |

Employment Desired:

| | | |
|------------------------------------|---|-------------------------------|
| Position: | Date you can start: | Desired Salary: |
| Are you currently employed? | Have you ever applied to Safe Families before? | |
| Yes No | Yes No | |
| | If so, when? | If so, which location? |

Work Experience:

| Dates Employed: | Organization's Name and Address: | Supervisor's Name: | Supervisor's Phone Number and Email: | Position: | Reason for Leaving: |
|-----------------|----------------------------------|---|--------------------------------------|-----------|---------------------|
| | | May we contact: Yes No | | | |
| | | May we contact: Yes No | | | |
| | | May we contact: Yes No | | | |
| | | May we contact: Yes No | | | |

Education:

| Name and Location: | Dates Attended: | Subject Studied: | Did you graduate? /Degree Earned: |
|--------------------|-----------------|------------------|---|
| College | | | Yes No Degree: |
| Graduate | | | Yes No Degree: |
| Other | | | Yes No Degree: |

Authorization: I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release Lydia/Safe Families from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of Lydia/Safe Families has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized Lydia/Safe Families representative. I understand Lydia/Safe Families is an "at-will" employer. This means that Lyida/Safe Families or I can terminate the employment relationship for any reason, except otherwise prohibited by law. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

Date: _____ **Signature:** _____