

PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE



NOTICE TO APPLICANT AND
EMPLOYEES
Screening tests for alcohol and
illegal drug use may be
required before hiring and/or
during your employment.

FAMILY360/HOSANNA MINISTRIES, INC.

An Affirmative Action/Equal Opportunity Employer

EMPLOYMENT APPLICATION

FAMILY360/HOSANNA MINISTRIES, INC. is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, age, national origin, disability or veteran status and comply with all federal, state, and local laws and regulations. We assure you that your opportunity for employment with FAMILY360/HOSANNA MINISTRIES, INC. depends solely on your qualifications for the position.

PLEASE FORWARD COMPLETED APPLICATION TO INFO@FAMILY360CENTER.COM

GENERAL INFORMATION				
Name	Last:	First:	MI:	SS#:
Address	Street:	City:	State:	Zip Code:
How long at address listed above? _____years _____months			Applying for what position?	
Home telephone: ()			Salary/Wage expected:	
Email address:			Are you willing to work any day(s), shift(s), including nights, or overtime as assigned? <input type="radio"/> Yes <input type="radio"/> No	
Applying for: <input type="radio"/> full time <input type="radio"/> part time <input type="radio"/> 1 st shift <input type="radio"/> 2 nd shift <input type="radio"/> 3 rd shift				
Have you ever worked for FAMILY360, INC.? <input type="radio"/> Yes <input type="radio"/> No If yes, please indicate in the Employment History section. Do you have relative and/or members of your household employed with FAMILY360, INC.? If yes, explain. _____				
Have you ever worked with individuals who have mental retardation/developmental disabilities and/or at-risk youth? <input type="radio"/> Yes <input type="radio"/> No If yes, explain. _____				
Are you age 18 or older? <input type="radio"/> Yes <input type="radio"/> No If not, do you have a work permit? <input type="radio"/> Yes <input type="radio"/> No If hired, can you provide proof that you are eligible to work in the United States? <input type="radio"/> Yes <input type="radio"/> No			Referral Source: <input type="radio"/> Advertisement <input type="radio"/> Web Posting <input type="radio"/> Agency <input type="radio"/> School <input type="radio"/> Employee <input type="radio"/> Walk-in <input type="radio"/> Job Fair <input type="radio"/> Internal Employee <input type="radio"/> Other _____	
In order to verify your records, please list any other name(s) (e.g., maiden) by which you may have been known and relevant dates:				
EDUCATION & TRAINING INFORMATION				
	School/Location	Degree	Course/Major	
High School:				
College(s):				
Graduate School:				
Business/Vocation:				
Apprentice training or other courses:				
LICENSES, CERTIFICATES, OR PROFESSIONAL MEMBERSHIPS: <i>(Do not include your driver's license)</i>				

EMPLOYMENT HISTORY (Please begin with your most recent employer. Attach additional sheets if necessary)

1. Employer:	Hire Date:	Termination Date:
Address:	Phone Number: ()	
Your job title:	Supervisor:	
	May we contact your employer? <input type="radio"/> Yes <input type="radio"/> No	
Describe work performed:	Reason for leaving:	
2. Employer:	Hire Date:	Termination Date:
Address:	Phone Number: ()	
Your job title:	Supervisor:	
	May we contact your employer? <input type="radio"/> Yes <input type="radio"/> No	
Describe work performed:	Reason for leaving:	
3. Employer:	Hire Date:	Termination Date:
Address:	Phone Number: ()	
Your job title:	Supervisor:	
	May we contact your employer? <input type="radio"/> Yes <input type="radio"/> No	
Describe work performed:	Reason for leaving:	

MILITARY INFORMATION

Service branch:	Final Rank:	Specialty:
Schools/special training received:		
Current obligations:		

REFERENCES

Full Name:	Relationship:
Company:	Phone Number:
Address:	
Full Name	Relationship:
Company:	Phone Number:
Address:	
Full Name:	Relationship:
Company:	Phone Number:
Address:	

CERTIFICATION & AGREEMENT

I authorize the release to FAMILY360, INC. (and/or any of its licensed agents) of information held by any parties regarding my previous employment, criminal history record and/or record of convictions in state and local files for violations of any federal, state/provincial (for Canada operations), local statutes or ordinances, military records, credit history, driving record and scholastic records and hereby release said persons, schools, companies, government agencies, court and law enforcement authorities from any damage whatsoever for releasing this information. I certify that all the information I have provided on this application is true and accurate. I understand that misstatements, omissions, or false or misleading statements which I have provided on this application, on my resume and/or in interview(s) shall constitute grounds for refusal to hire or immediate termination from employment. I understand that the terms and conditions of employment may be changed at any time without notice by the company. In consideration of employment with FAMILY360, INC., I agree to comply with all the policies, procedures and requirements of FAMILY360, INC. I understand this application and/or any FAMILY360, INC. policy, manual, handbook or other written document describing such items do not constitute a written contract at this time or in the future. I understand my employment would be at-will and that my employment could be terminated at any time by either party, with or without cause and with or without notice. Any modification of the at-will employment relationship, oral or written, can only be accomplished by a written document signed by FAMILY360, INC.'s President/CEO, Chairman of the Board or Board of Directors. (NOTE: In Puerto Rico, terminations must be "justa causa" or with cause, not at will).

I have read and understand the above.

Applicant's Signature

Date

This employment application is current for sixty (60) days. If you have not heard from us and still wish to be considered for employment, it will be necessary for you to fill out a new application.

APPLICANT SHOULD NOT WRITE BELOW THIS LINE

Interviewed by:	Date:
Recommended action:	
Interviewed by:	Date:
Recommended action:	