

Family Care Center
Application for Employment
Family Care Center is an Equal Opportunity Employer

PERSONAL INFORMATION

Name _____ Social Security # _____
 Last First Middle

Current Address _____
 Street City MI Zip

Home Phone# _____ Cell # _____

Are you 18 years of age or older? Yes _____ No _____

Do you have any U.S. Military Service: _____ If yes, describe _____

Branch, Rank, Nature and Date of Discharge _____

Are you presently in the United States Armed Forces, Active or Reserve? If so, identify unit and any service obligations. _____

Have you ever been convicted of a crime or are you presently charged with a felony? If so, where and when and explain the circumstances.

EMPLOYMENT DESIRED

Position you are applying for _____ Date you can start _____

Desired Salary _____ Are you currently employed? _____

May we contact your current employer? _____ Have you ever applied with us before? _____

Have you ever worked with us before? _____ Do you have any family member employed by us? _____

Are there any activities, commitments or responsibilities (school or other employment) that may interfere with your ability to work your scheduled hours in the position you are applying for? _____

_____ Is overtime an issue? _____

FORMER EMPLOYMENT

Name of Employer Dates of Employment Salary Position Reason for Leaving
Address of Employer

Please describe the nature of the work you are responsible for in your current job (or most recent job) _____

Of all the jobs that you have had, which did you like the best? _____

Why? _____

What special skills or knowledge do you have that may aid you in qualifying for employment with us? _____

EDUCATION	Name/Location of School	Years Attended	Did you graduate?
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Grammar School	_____		
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High School	_____		
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College	_____		
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Trade, Business, or Correspondence School	_____		
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Subject of special study or research work	_____
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References – Give the names of those we may contact, not related to you, who you have known for at least one year.

	Name	Address	Phone#	Business	Years Acquainted
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1).	_____				
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2).	_____				
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3).	_____				
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4).	_____				
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5).	_____				
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In case of emergency, please notify: _____

Name

Address

Phone #

AUTHORIZATION AND WAIVER

I authorize and request my former employers, references, education institutions, and any credit agencies or reporting services that have information about me to give Family Care Center and/or Carlson Laser Aesthetics any information and opinions about me in their possession and which may lawfully be disclosed. I hereby waive written notice of such release of information and opinions, and I release such former employers, references, educational institutions, and credit agencies or reporting services from any liability or claim relating to such release of information and opinions. I also authorize and request federal, state, and local governmental agencies to release to Family Care Center and/or Carlson Laser Aesthetics any information requested concerning any criminal convictions on my record. A photocopy of this signed authorization and waiver will be valid as original.

Date: _____

Name of Applicant: _____
Please Print Your Name

Signature of Applicant: _____
Please Sign Your Name