

Employment Experience

Are you currently a Wellspring Family Services employee or intern? **Yes** **No**

Start with your present or most recent job:

1.

Employer	Dates Employed		Work Performed
	From: Mth/Day/Yr	To: Mth/Day/Yr	
Address	Hourly Rate/Salary		
	Starting	Final	
Phone Number(s)			
Job Title			
Supervisor's name and title	Full-Time <input type="checkbox"/>	Part-Time <input type="checkbox"/>	
Reason for Leaving	May we contact this employer for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>		

2.

Employer	Dates Employed		Work Performed
	From: Mth/Day/Yr	To: Mth/Day/Yr	
Address	Hourly Rate/Salary		
	Starting	Final	
Phone Number(s)			
Job Title			
Supervisor's name and title	Full-Time <input type="checkbox"/>	Part-Time <input type="checkbox"/>	
Reason for Leaving	May we contact this employer for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>		

3.

Employer	Dates Employed		Work Performed
	From: Mth/Day/Yr	To: Mth/Day/Yr	
Address	Hourly Rate/Salary		
	Starting	Final	
Phone Number(s)			
Job Title			
Supervisor's name and title	Full-Time <input type="checkbox"/>	Part-Time <input type="checkbox"/>	
Reason for Leaving	May we contact this employer for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>		

4.

Employer	Dates Employed		Work Performed
	From: Mth/Day/Yr	To: Mth/Day/Yr	
Address	Hourly Rate/Salary		
	Starting	Final	
Phone Number(s)			
Job Title			
Supervisor's name and title	Full-Time <input type="checkbox"/>	Part-Time <input type="checkbox"/>	
Reason for Leaving	May we contact this employer for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>		

If you need additional space, please continue on a separate sheet of paper.

Office Skills

(Where applicable, specify software or system)

<input type="checkbox"/> Word processing _____ <input type="checkbox"/> Spreadsheet _____ <input type="checkbox"/> Database _____	<input type="checkbox"/> Multi-line phones/reception _____ <input type="checkbox"/> Bookkeeping _____ <input type="checkbox"/> Other _____
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Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience that you feel would be helpful to us in evaluating your ability to perform in this position. Include any other languages in which you are fluent.

Volunteer Experience/Activities

You may exclude activities that disclose the race, color, national origin, sex, age, religion, marital status, sexual orientation, veteran status, or disabilities of organization members.

Organization	From	To	Duties & Responsibilities

References

List three work references who are not related to you. **Please include their addresses and contact information.**

Name	Company	Contact (Phone & Email)	Relationship
1.		Phone: E-mail:	
2.		Phone: E-mail:	
3.		Phone: E-mail:	

1. Are you presently employed? Yes No
2. Do you have any responsibilities, obligations, activities or commitments that would prevent you from meeting the work schedule or attendance requirements of this job? Yes No If yes, please explain:

3. Have you ever filed an application with us before? Yes If yes, give date(s) _____ No
4. Have you ever been employed with us before? Yes If yes, give date(s) _____ No
5. Have you ever volunteered or interned with us before? Yes If yes, give date(s) _____ No
6. Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? (Proof of citizenship or immigration status will be required upon employment) Yes No
7. On what date would you be available for work? _____
8. Are you able to perform the essential functions of the position(s) for which you are applying? Yes No
9. Have you been convicted of a crime or been released from prison within the last seven (7) years for an offense involving dishonesty or breach of trust? (A "yes" answer will not necessarily bar you from employment). Yes No

If yes please explain _____

U.S. Military Service

Branch of Service	Date In	Date Out	Where Served	Specialty

Additional Comments

I certify that the information given by me to Wellspring Family Services is true and complete to the best of my knowledge. I understand that, if employed, false or misleading information may result in immediate dismissal.

I further certify that I am not engaged in any outside activity or business that could be considered in conflict with Wellspring Family Services' interests or those of its clients nor will I become engaged in such activity or business if employed.

I authorize Wellspring Family Services to solicit information regarding previous employment, and similar background information, and to contact any and all references I have given on my application. I hereby release all parties and persons connected with any such request for information from all claims, liabilities, and damages for any reason arising out of the furnishing of such information. If employed, I release Wellspring Family Services from any liability for future references it may provide regarding my work history at the agency.

Signature _____ Date _____