



EMPLOYMENT APPLICATION

We appreciate your interest in our organization. The receipt of this application does not mean that job openings exist, nor does it obligate FFC in any way. Applications will remain active for 45 calendar days from date of application. **IMPORTANT NOTICE:** Applicants should be extremely careful as they complete this application. FFC utilizes a sophisticated and detailed background and pre-employment investigation process. This process frequently discloses inaccurate, false, and/or incomplete or omitted information. Should this process determine any inaccurate or incomplete information, it will result in you either being disqualified from employment with FFC as an applicant, or it will result in termination if the inaccuracies are discovered subsequent to your employment with FFC. Accordingly, FFC strongly suggests that you NOT complete this application until you have the time and accurate information to do so. FFC is an equal opportunity employer and will not discriminate against any employee or applicant for employment in any manner prohibited by law.

GENERAL INSTRUCTIONS FOR COMPLETION OF APPLICATION

- Complete all information within this application in its entirety.
- Type or print in ink.
- All applicants will be required to furnish proof of identity and legal work authorization to be considered for employment.
- While completing the application if you find it necessary to provide additional comments or explanations to questions asked, please attach additional sheets of paper.
- Employment is conditioned on the successful completion of the screening process. By signing the application, I represent that the information provided in this form is given voluntarily, may be used in filing reports required by state and federal governments and agencies, may be disclosed to others and used for any other purpose not prohibited by law.

FOR OFFICIAL USE ONLY

Agency Authorized Signature

Date

POSITION APPLIED FOR

Department _____

Title: _____

Date Available: _____ Min. Salary Required: _____

HOW MAY WE CONTACT YOU?

Name _____

Mailing Address _____

City _____

State _____

Zip _____

Phone _____

Alternate Phone _____

Email Address _____

EDUCATION

HIGH SCHOOL

NAME/LOCATION OF SCHOOL

RECEIVED:

☐ Diploma

☐ Other (specify)

☐ None

YOUR NAME, IF DIFFERENT WHILE ATTENDING SCHOOL:

COLLEGE, UNIVERSITY, SEMINARY, OR PROFESSIONAL SCHOOL (TRANSCRIPT MAY BE REQUIRED)

NAME OF SCHOOL

LOCATION

DATES OF ATTENDANCE

MAJOR/MINOR

TYPE OF DEGREE EARNED

YOUR NAME, IF DIFFERENT WHILE ATTENDING SCHOOL:

JOB-RELATED TRAINING OR COURSE WORK (VOCATIONAL, TRADE, GOVERNMENTAL, BUSINESS, ARMED FORCES, ETC.)

NAME OF SCHOOL

LOCATION

DATES OF ATTENDANCE

COURSE OF STUDY

TRAINING COMPLETED
YES|NO

YOUR NAME, IF DIFFERENT WHILE ATTENDING SCHOOL:

LICENSURE, REGISTRATION, CERTIFICATION (EXAMPLES: Teacher Certification, RN, LPN, PE, CPA, etc.)

LICENSE, REGISTRATION, OR CERTIFICATION

NUMBER

DATE RECEIVED

EXPIRATION DATE

STATE LICENSING AGENCY

PERIODS OF EMPLOYMENT

Describe all work experience in detail, beginning with your current or most recent job. Include military service (include rank), internships and job-related volunteer work. If applicable, indicate number of employees supervised. Use a separate block to describe each position or gap in employment. If needed, attach additional sheets, using the same format as on the application. All information in this section must be completed. Resumes may be attached to provide additional information.

1	Name of Present or Last Employer: _____
Address: _____ Your Job Title: _____	
Supervisor's Name: _____ Phone Number: _____	
FROM: _____ TO _____ HOURS PER WEEK: _____ REASON FOR LEAVING: _____	
Duties and Responsibilities: _____	

2	Name of Next Previous Employer: _____
Address: _____ Your Job Title: _____	
Supervisor's Name: _____ Phone Number: _____	
FROM: _____ TO _____ HOURS PER WEEK: _____ REASON FOR LEAVING: _____	
Duties and Responsibilities: _____	

3	Name of Next Previous Employer: _____
Address: _____ Your Job Title: _____	
Supervisor's Name: _____ Phone Number: _____	
FROM: _____ TO _____ HOURS PER WEEK: _____ REASON FOR LEAVING: _____	
Duties and Responsibilities: _____	

4	Name of Next Previous Employer: _____
Address: _____ Your Job Title: _____	
Supervisor's Name: _____ Phone Number: _____	
FROM: _____ TO _____ HOURS PER WEEK: _____ REASON FOR LEAVING: _____	
Duties and Responsibilities: _____	

RELATED SKILLS/EXPERIENCE (Please list any software knowledge, technical skills, or other experience that you feel would be helpful in this position)

TYPE OF SKILL OR EXPERIENCE (please describe)

PERSONAL REFERENCES (Do not list relatives)

NAME	PHONE NUMBER	YEARS KNOWN	OCCUPATION

CHURCH AFFILIATION (Please list your church membership(s) over the past five years)

CHURCH NAME	DATES ATTENDED	CITY/STATE	PHONE NUMBER

APPLICANT'S STATEMENT (Please read carefully)

The facts set forth in my application for employment are true and complete. I understand that if employed, false statements on my application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigation on my personal history and financial and credit record through any investigative or credit agencies or bureaus of your choice in compliance with applicable laws or statutes.

I understand that this application will only be considered "active" for 45 calendar days from the date of application.

I understand that employment at this organization is "at will", and includes no guarantee, contract, or promise of employment for any specified length of time. I further understand that a criminal record check may be conducted on me, and I consent to any such check.

I authorize the use of any information in this application and any attached supplements to verify my statements, and I authorize the past employees, schools, churches, all references, and any other persons or organizations, whether or not identified in this application, to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release all such persons from any and all liability or damages on account of having furnished such information.

Signature of Applicant

Date

Print Name