



CHRISTIAN
FAMILY SERVICES
 Adoption & Counseling

17105 W. Twelve Mile Road
 Southfield, Michigan 48076
 248-557-8390

EMPLOYMENT APPLICATION

<i>Please Print All Information</i>			
Last Name:		First Name:	Middle Name:
Address:		City:	
State:		Zip Code:	
Cell Phone Number:		Email Address:	
Position Applied For:			
Days and hours available to work: (check all that apply)			
<input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed		<input type="checkbox"/> 11 a.m. – 6 p.m.	
<input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat		<input type="checkbox"/> Evening/Weekend hours	
Hourly Rate expected:		week hour (circle one)	
Are you currently employed?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
May we contact your present employer?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you 18 years or older?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date you can begin work:			

EDUCATION

School Address	Credits Earned	Major	Diploma/Degree
High School:			
College:			
Technical/Other:			

EMPLOYMENT HISTORY:

List below all present and past employment, beginning with your most recent. All time must be accounted for whether employed or not. Attach an additional sheet, if necessary.

1	Employer	Telephone Number ()	End Date
	Address	Start Date	End Date
	State Your Job Title and Duties	Starting Salary	Final Salary
	Reason for Leaving		
	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name, Title of Supervisor, Phone Number	

2	Employer	Telephone Number ()	
	Address	Start Date	End Date
	State Your Job Title and Duties	Starting Salary	Final Salary
Reason for Leaving			
	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name, Title of Supervisor, Phone Number	
3	Employer	Telephone Number ()	
	Address	Start Date	End Date
	State Your Job Title and Duties	Starting Salary	Final Salary
Reason for Leaving			
	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name, Title of Supervisor, Phone Number	

REFERENCES:

1. Name: _____ Phone: _____
Address: _____ E-mail: _____
City/State/Zip: _____ Relationship: _____

2. Name: _____ Phone: _____
Address: _____ E-mail: _____
City/State/Zip: _____ Relationship: _____

3. Name: _____ Phone: _____
Address: _____ E-mail: _____
City/State/Zip: _____ Relationship: _____

Application for Employment

Please Print All Information

Personal Statement of Faith:

Applicant’s Statement of Acknowledgement

I certify that the answers given by me in this employment application are true, correct and complete to the best of my knowledge. I agree that CFS shall not be liable, in any respect, if my employment is terminated because of misstatements or pertinent omissions made by me in this application. Moreover, I understand that all offers of employment are contingent upon passing a background check. I understand that a background check will be conducted prior to any final offer of employment.

In the event of employment, I will comply with all agency rules and regulations. I understand that I have the right to terminate my employment at any time, and, likewise, Christian Family Services has the same right.

I hereby understand and acknowledge that any employment relationship with Christian Family Services is of an “At-Will” nature, which means that the employee may resign at any time and the employer may discharge employee at any time, with or without notice, and with or without cause. It is further understood that this “At-Will” employment relationship may not be changed by any written document or by verbal agreement unless the change is specifically acknowledged in writing by the executive director of CFS.

During my employment with Christian Family Services, and after my employment ends, I agree not to disclose any confidential or proprietary information regarding the agency. I further agree that in the event there is a civil litigation involving Christian Family Services in which I am a potential witness and which does not involve an actual or potential claim by me personally, I will not discuss the facts of the case with any third parties without first notifying Christian Family Services or unless a representative or attorney of Christian Family Services is present.

This application is valid for 60 days from the application date unless renewed in person or in writing.

Applicant’s Signature: _____

Date: _____