**Application for Employment**



**Family Development and Intervention Services**

5131 N. Classen Blvd. Suite #110

Oklahoma City, Oklahoma 73118

P.O. Box 14827 Oklahoma City, OK 73116

Phone: (405) 767-1126

Fax: (405) 767-6285

fdisok@fdis.com

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| **INSTRUCTIONS: Please complete in full and attach official transcripts, certifications and resume. ENSURE THAT YOU HAVE READ AND SIGNED THE DECLARATION FOR EMPLOYMENT ON THE LAST PAGE.**  |

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| Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Job Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | Salary Range Desired: |

**Position**

**Applying For:**

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| **PERSONAL DATA** |
| **NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Last First Middle****MAILING** **ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **No. Street City, State Zip Code****PERMANENT****ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **(If Different from Above)****TELEPHONE** **HOME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WORK: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****E-Mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SOCIAL SECURITY NUMBER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****ARE YOU LEGALLY ENTITLED TO WORK IN THE UNITED STATES? YES / NO****HAVE YOU EVER BEEN CONVICTED OF AN OFFENSE OTHER THAN A TRAFFIC VIOLATION? YES / NO****IF YES, PLEASE DESCRIBE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****ARE YOU ABLE TO WORK EVENINGS AND/OR WEEKENDS IF REQUIRED? YES / NO****DO YOU HAVE RELATIVES EMPLOYED BY THE AGENCY? YES / NO** |
| **EDUCATION AND TRAINING** |
|  | Name & location of institution | Number of Years Completed | Field of Study | Grade/ Diploma/ Degree and year Completed |
| High School/GED |  |  |  |  |
| UndergraduateCollege/ University |  |  |  |  |
| Graduate Degree |  |  |  |  |
| Specialized Mental Health Training |  |  |  |  |
| Specialized Substance Abuse Training |  |  |  |  |
| Under Supervision for Licensure/ Professional Qualifications/Memberships/ Licenses if applicable: |

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| **SPECIALIZED SKILLS** |
| 1. **COMPUTER/CLERICAL SKILLS:**

**\_\_\_ Word Processing \_\_\_ Spreadsheet \_\_\_ Database \_\_\_ Keyboarding \_\_\_\_\_ \_\_\_ Other \_\_\_\_\_\_\_\_** **Software: Software: Software: (wpm) specify****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_**1. **COMPUTER SKILLS: \_\_\_\_ IBM \_\_\_\_ MAC \_\_\_\_ OTHER**

**Please specify computer systems you have worked with, courses you have taken and your working knowledge of software:**1. **SPECIALIZED SKILLS:**
2. **TRADES/ MAINTENANCE SKILLS:**
3. **LANGUAGE SKILLS: Spoken: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Written: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
4. **If you are applying for a position requiring a driver’s license, please complete the following:**

**Do you have a valid driver’s license? Yes No Class: \_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_**  |
| **PREVIOUS EMPLOYMENT****(begin with most recent)** |
| **Name of Employer:** | **Address:** |
| **Last Position Held:** | **Phone:** |
| **Name of Supervisor:** | **Reason for Leaving:** |
| **Period Employed:** | **Final Salary:** |
| **Duties:** |
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| **Name of Employer:** | **Address:** |
| **Last Position Held:** | **Phone:** |
| **Name of Supervisor:** | **Reason for Leaving:** |
| **Period Employed:** | **Final Salary:** |
| **Duties:** |
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| **Name of Employer:** | **Address:** |
| **Last Position Held:** | **Phone:** |
| **Name of Supervisor:** | **Reason for Leaving:** |
| **Period Employed:** | **Final Salary:** |
| **Duties:** |
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| **REFERENCES** |
| **List three persons, other than relatives or personal friends, who can judge your work ability.** **NAME COMPANY POSITION TELEPHONE**1. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
3. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**May we contact you present employer for a reference? YES NO**  **Previous Employers? YES NO****If no, please state the reasons: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **Please use this space to enlarge upon other relevant information, skills, education, training, previous employment, special achievements, job interests, volunteer work, hobbies, or any additional information that you feel should be added to this application.****If you wish to attach your resume, please do so.****RESUME ATTACHED** **Declaration:****It is understood and agreed that FDIS may at any time seek verification of the above and further information in considering my suitability for any position, or benefits, at FDIS. I hereby request and authorize FDIS, its employees and agents, and anyone providing information pursuant to a request from FDIS to provide information about me, from any and all claims whatsoever which may arise as a result of the release of such information. I understand and agree that any omission, false or misleading statement may disqualify me from employment, or result in dismissal. A photographic copy of this authorization shall be as valid as the original.****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Date Signature of Applicant*****Thank you for taking the time to complete this application and for your interest in FDIS.*** |

Family Development and Intervention Services is an equal opportunity employer. FDIS is committed to the principles of equal employment opportunities and welcomes applications from all qualified candidates. Women, people of aboriginal descent, members of visible minorities, and people with disabilities are all encouraged to apply.

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| This application was processed and reviewed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_An interview will be set up: Yes NoDate/Time of Interview:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**CONSUMER AUTHORIZATION**

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| **I. I understand that an investigative report may be generated on me that may include information as to my character, general reputation, personal characteristics, or mode of living; work habits, performance or experience, along with reasons for termination of past employment/professional license or credentials; financial/credit history; or criminal/civil/driving record history. I understand that General Information Services inc. (GIS), on behalf of CUSTOMER NAME my be requesting information from public and private sources about any of the information noted earlier in this paragraph in connection with CUSTOMER NAME’S consideration of me for employment, promotion or position re-assignment or contract now, or at any time during my tenure with CUSTOMER NAME, and give my full consent for this information to be obtained.****II. IF APPLICABLE, medical and worker’s compensation information will be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws.****III. According to the Fair Credit Reporting Act (FCRA, Public law 91-508, Title VI), I am entitled to know if the considerations for which I am applying are denied because of information obtained from a consumer reporting agency. If so, I will be notified and be given the name of the agency providing the report.****IV. I acknowledge that a telephonic facsimile (FAX) or photographic copy of this release shall be as valid as the original. This release is valid for federal, state, and county agencies.** **V. I understand that if I am a resident of Minnesota/Oklahoma (only) I may obtain a copy of the report ordered, and now indicate my desire to do so by checking this box** **VI. I hereby authorize, without reservation, any financial institution, law enforcement agency, information service bureau, school, employer or insurance company contacted by GIS to furnish the information described in Section I.****VII. Upon proper identification, you have the right to make a request to GIS, within a reasonable period of time, as to the nature and substance of all information in its files on you at the time of your request, including the sources of information and the recipients of any reports on you that GIS has previously furnished. Communications with GIS should be directed to P.O. Box 353, Chapin SC 29036 or (888) 265-4917.**  |

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| **CANDIDATE COMPLETE THE FOLLOWING:****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Signature Today’s Date****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Please print full name****The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes.** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Month, Day, Year of Birth Social Security Number****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Home Address City State Zip****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Driver’s License Number and State name as it appears on License** **Have you ever been convicted of a crime? \_\_\_ No \_\_\_Yes If yes, please provide city and state of conviction and details of conviction. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| FAIR CREDIT REPORTING ACT NOTICE:In accordance to the Fair Credit Reporting Act (FCRA, Public Law 91-508, Title VI), this information may only be used to verify a statement(s) made by an individual in connection with legitimate business needs. The depth of information available varies from state to state. Status of updates are available upon request. Although every effort has been made to assure accuracy, General Information Services Inc. cannot act as guarantor of information accuracy or completeness. Final verification of an individual’s identity and proper use or report contents are the user’s responsibility. General Information Services Inc.’s policy requires purchasers of these reports to have signed a Service Agreement. This assures General Information Services Inc. that users are familiar with and will abide by their obligations, as stated in the FCRA, to the individuals named in these reports. If information contained in this report is responsible for the suspension or termination of an employee or the application process, have the Candidate/employee contact General Information Services Inc. |

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| NOTICE TO CALIFORNIA CANDIDATESYou have the right to obtain a copy of any consumer report or investigative consumer report obtained by (INSERT COMPANY NAME) by checking the box provided. The report will be provided to you within (3) business days after we receive the requested reports related to the matter investigated.  I request to receive a free copy of this report by checking this box.Under section 1786.22 of the California Civil Code, you may view the file maintained on you by GIS during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services, by appearing at GIS in person or by mail. You may also receive a summary of the file by telephone. The agency is required to have personnel available to explain your file to you and the agency must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification. |

**FAMILY DEVELOPMENT AND INTERVENTION SERVICES**

**NAME:**

If you are currently employed and receiving income from any other employer, please provide FDIS with the following information.

 **YES,** I work for another employer.

 **NO**, I am not currently employed or receiving income from any other employer.

COMPANY NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NUMBER OF HOURS YOU WORK: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you are working for another agency, please provide the following:

DAYS AND TIMES YOU ARE WORKING:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE  DATE

**FDIS EMPLOYEE QUICK FACT INFORMATION**

PLEASE PRINT LEGIBLY.

EMPLOYEE NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE NUMBERS: CELL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_ HOME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 OTHER(S):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SPOUSE INFORMATION**

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE NUMBERS: CELL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_ HOME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 OTHER(S):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IN CASE OF EMERGENCY CONTACT**

1. NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_RELATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE NUMBERS: CELL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_ HOME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 OTHER(S):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_RELATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE NUMBERS: CELL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_ HOME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 OTHER(S):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**VEHICLE INFORMATION**

MAKE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MODEL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COLOR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

YEAR\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TAG # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**