



The Family Resource Center of North Mississippi

425 Magazine Street, Tupelo, Mississippi 38804

Telephone (662)844-0013 Fax (662)844-0560

Application for Employment

Candidate's Name: _____ Date: _____

Address: _____

Home Telephone: _____ Cell: _____

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

Are you either a U.S. citizen or an alien authorized to work in the U.S.? ☐ Yes ☐ No

Have you ever worked or attended school under another name? If so, under what name?

Position Desired

Position: _____ Start date available: _____

Do you prefer: ☐ Full-time ☐ Part-time If part-time, hours per week desired: _____

Hours you are available to work: _____

Days of week you are available to work: _____

Are you able to work: ☐ Weekends ☐ Holidays ☐ Nights ☐ Overtime

Have you previously worked for The Family Resource Center or Families First for Mississippi?

☐ Yes ☐ No

Skills and Qualifications:

Please list Skills, Training, Awards, Licenses, Etc.:



Education

GED	<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School (Name):	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
Post-Graduate Education (Name):	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
Other education, training or special skills:		

Work Experience

Please list all previous employment, beginning with the most recent. If you need more room, you may attach another sheet of paper.			
Present Employer:		Address:	
From	To	Position Held:	Reason for Leaving:
Description of Duties:			
Starting Compensation:		Final Compensation:	
May we contact your present Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Reason for Leaving:			
Former Employer:		Address:	
From	To	Position Held:	Reason for Leaving:
Description of Duties:			
Starting Compensation:		Final Compensation:	
May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Reason for Leaving:			



References

Identify three persons who know your work, beginning with the most recent.

Name: _____ Phone Number: _____ Email: _____

Address: _____ City, State, Zip: _____

Name: _____ Phone Number: _____ Email: _____

Address: _____ City, State, Zip: _____

Name: _____ Phone Number: _____ Email: _____

Address: _____ City, State, Zip: _____

Position or Title: _____ Years Known: _____

Authorization and Acknowledgements

I affirm that the information I have provided in this application is true to the best of my knowledge, information and belief, and I have not knowingly withheld any information requested. I understand that withholding or misstating any information requested in this application is grounds for rejection of my application, and that providing false or misleading information in this application is grounds for discharge.

I authorize the company to verify my references, record of employment, education record, and any other information I have provided. Unless otherwise noted, I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the Family Resource Center of North Mississippi (FRC), their officers, employees and agents, from any and all claims, demands or liabilities arising out of or in any way related to such inquiry or disclosure.

I understand the FRC promotes a drug-free working environment.

I understand and agree that if I am offered employment, my employment will be for no definite term. Employment is at-will, which means that either I or the FRC, will have the right to terminate the employment relationship at any time, with or without cause, and with or without notice. I also understand that no representative or agent of the FRC, other than the Executive Director, and then, only in writing, has any authority to alter this status or enter into any agreement of employment.

If offered employment, I agree to abide by and conform to the rules and regulations of the FRC, now in effect or later established by FRC.

Candidate's Signature

Date

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