



**Families First Inc.**

**Application for Employment**

34 E. Main St., PO Box 939, Wilmington, VT 05363  
Tel.(802) 464-9633 Fax (802) 464-3173  
email: familiesfirst@familiesfirstvt.com

Date: \_\_\_\_\_

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_

Email Address: \_\_\_\_\_

Have you ever applied for employment with Families First? [ ] Yes [ ] No If Yes, when? \_\_\_\_\_

Have you ever been employed by Families First? [ ] Yes [ ] No If Yes, when? \_\_\_\_\_

Position Desired : \_\_\_\_\_

How many hours are you available for work? \_\_\_\_\_ What hours can you work? \_\_\_\_\_

Are you legally eligible for employment in the United States? \_\_[ ] Yes [ ] No

Are you 18 years old or older? [ ] Yes [ ] No

When will you be available to begin work? \_\_\_\_\_

Special Training or Skills that you bring to this job \_\_\_\_\_

Membership in Professional or Civic Organizations [Exclude those which may disclose your race, color, religion or national origin] \_\_\_\_\_

It is the policy of Families First to consider applicants for all positions without regard to race, color, gender, religion, age, disability, national origin, marital or civil union status, uniformed service, veteran status, sexual orientation, gender identity, place of birth, citizenship, ancestry, a positive result from an HIV-related blood test, genetic information, or any other legally protected status.



**Education**

High School: Name \_\_\_\_\_ State \_\_\_\_\_ Diploma \_\_\_\_\_

College : Name \_\_\_\_\_ State \_\_\_\_\_ Diploma \_\_\_\_\_

Grad School: Name \_\_\_\_\_ State \_\_\_\_\_ Diploma \_\_\_\_\_

Business/Trade/ Technical : Name \_\_\_\_\_ State \_\_\_\_\_ Diploma \_\_\_\_\_

**Professional Licenses/ Certifications:**

Are you currently: Registered [ ] Licensed [ ] Certified [ ]  
Eligible for: Registration [ ] Licensure [ ] Certification [ ]

Professional License Information:

Type \_\_\_\_\_ Issuing State \_\_\_\_\_ Date issued \_\_\_\_\_

Have you ever had a license conditioned, suspended, revoked, or otherwise restricted? [ ] Yes [ ] No

If Yes, please provide dates and explain \_\_\_\_\_

**Current Certification or Training Experience** ( please check all those that apply)

First Aid [ ] CPR [ ] Signing [ ] Medication Administration [ ] Crisis Prevention [ ]

Are you a U.S. citizen? [ ] Yes [ ] No      Are you over 18 years of age? [ ] Yes [ ] No

What was your previous address? \_\_\_\_\_

How long have you been at current address? \_\_\_\_\_ How long at previous address? \_\_\_\_\_

Have you ever been bonded? [ ] Yes [ ] No If Yes, with what employers? \_\_\_\_\_

State names of relatives or friends working for us \_\_\_\_\_

Have you ever been formally disciplined, asked to resign, or been terminated by a former employer for any reason? [ ] Yes [ ] No

If Yes, please explain \_\_\_\_\_



### **Employment History**

Please give accurate, complete, full-time and part-time employment record . Include any job related military service, volunteer activities, or part-time work. Start with your present or last job.

1. Company Name & Address \_\_\_\_\_  
Supervisor \_\_\_\_\_ Telephone \_\_\_\_\_  
State Job Title and Describe Your Work \_\_\_\_\_  
\_\_\_\_\_  
Employed (month and year) From \_\_\_\_\_ To \_\_\_\_\_  
Reason for leaving \_\_\_\_\_
2. Company Name & Address \_\_\_\_\_  
Supervisor \_\_\_\_\_ Telephone \_\_\_\_\_  
State Job Title and Describe Your Work \_\_\_\_\_  
\_\_\_\_\_  
Employed (month and year) From \_\_\_\_\_ To \_\_\_\_\_  
Reason for leaving \_\_\_\_\_
3. Company Name & Address \_\_\_\_\_  
Supervisor \_\_\_\_\_ Telephone \_\_\_\_\_  
State Job Title and Describe Your Work \_\_\_\_\_  
\_\_\_\_\_  
Employed (month and year) From \_\_\_\_\_ To \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

### **References**

Please list 3 references who are not relatives, employers, or otherwise mentioned in this application :

1. Name \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_
2. Name \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_
3. Name \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



## **Families First Core Values**

### **Honesty & Integrity**

Keep commitments and be committed  
Take responsibility for your own actions  
Be open  
Be sincere  
Have the courage to do the right thing

### **Respect**

Demonstrate authentic interest  
Pay attention to the feelings and experiences of others  
Engage in active listening  
Celebrate diversity  
Be courteous  
Treat people fairly and with dignity

### **Empowerment**

Listen  
Provide feedback  
Encourage people's full potential  
Be Trusting  
Support creativity and risk taking  
Inspire fearless innovation

### **Team Work**

Delegate meaningful work  
Value participation and open dialogue  
Collaborate to solve problems  
Practice synergy  
Have confidence in others  
Encourage respectful dissent  
Celebrate success

We ask all applicants for employment to read the above to gain an understanding of the values and behaviors we expect our employees to demonstrate every day. Please sign below to acknowledge that you understand. If you choose not to sign or do not believe these values are compatible with your own, we thank you for your application but will not consider you for employment.

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**Signature**

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**Date**

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**Printed Name**



## **Pre-Employment Authorization and Release**

I understand that Families First will verify all data that I have provided on my application, resume, and interviews. I authorize and consent to have Families First carry out inquiries connected with my application. I understand these inquiries may include, but are not limited to, requests for information about my character, work habits, performance, experience, qualifications, reasons for terminations from previous employment, and other information deemed relevant to my application.

I acknowledge and agree that references, prior employers, and other individuals or businesses providing Families First with information about me are doing so at my request and for my benefit.

I hereby hold harmless Families First and the individuals and businesses providing information related to my application. I hereby release these entities and persons from any and all liability for damages of any nature as a result of furnishing such reference and background information.

I hereby certify that all statements made by me on this application, my resume, and documents related to my application are accurate and true to the best of my knowledge. I understand and agree that any falsification or omission may result in refusal to employ me. Also, based on any provision of false information or omission of information, Families First may terminate my employment.

If I become employed by Families first, then I agree to abide by all the Agency's policies, procedures, rules, and regulations, any applicable code of ethics, professional licensure rules and applicable laws.

I acknowledge and agree that if I choose to submit this application, then by so doing, my pre-employment authorizations, certifications, releases, and agreements outlined above are valid, effective, and binding .

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**Signature**

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**Date**

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**Printed Name**