Fairfield Center for Independence 681 East Sixth Ave. Lancaster, OH 43130 740-653-5501



## **EMPLOYMENT APPLICATION**

			Applicant if	Hormation			
Full Name							Date:
Last		F	First	M.I.			
Address:							
Street Address						Apartment /	Unit #
City Phone:		E	-mail Address	:		State	ZIP Code
Date Available:		Social Security No. :					Desired Salary: \$
Desired Position:							
Are you a citizen of the Unite	YES □	NO □	If no, are you	If no, are you authorized to work in the U.S.? YES $\Box$ NO $\Box$			
Have you ever worked for this company?		YES □	NO $\square$	If yes, when?			
Have you ever been convicted of a felony?		YES □	NO 🗆	Employee will notify FCI, Inc. within 14 days if charged with any offense during employment. <b>Please initial:</b>			
If yes, explain:							
			Educa	ation			
High School: From:	To:		Addre Did yo	ss: ou graduate?	YES 🗆	NO □	Degree:
College:			Addres	SS:			
From:	То:		Did you	ı graduate?	YES □	NO □	Degree:
Other:			Address	5:			
From:	То:		Did you	graduate?	YES 🗆	NO □	Degree:
			Refer	ences			
Please list three professional	references.						
Full Name:		Relationship:					
Company:		Phone:					
Address:							
Full Name:			Relationship:				
Company:		Phone:					
Address:							
Full Name:	Relationship:						
Company:		Phone:					

## Address:

		Previous Employment					
Company:	Phone:						
Address:	Supervisor:						
Job Title:		Starting Salary: \$	Ending Salary: \$				
Responsibilities:							
May we contact your previ	ious Supervisor for a refere	nce? YES 🗆 NO 🗆					
Company:		Phone:					
Address:	Supervisor:						
Job Title:		Starting Salary: \$	Ending Salary: \$				
Responsibilities:							
Starting Date:	Ending Date:	Reason for Leaving:					
May we contact your previ	ious Supervisor for a refere	nce? YES 🗆 NO 🗆					
Company:		Phone:					
Address:		Supervisor:					
Job Title:		Starting Salary: \$	Ending Salary: \$				
Responsibilities:							
Starting Date:	Ending Date:	Reason for Leaving:					
May we contact your previ	ious Supervisor for a refere	nce? YES □ NO □					
		Military Service					
Branch:		From:	To:				
Rank at Discharge:		Type of Discha	Type of Discharge:				
If other than Honorable, pl	lease explain:						
		Military Service					
		William y Service					
I certify that my answers	s are true and complete t	to the best of my knowledge.					
If this application leads t may result in my release		tand that false or misleading inforn	nation in my application or interview				
Signature:			Date:				