



Application for Employment

This application is to be filled out in the applicant's own handwriting – using ink. All questions must be answered before the application can be considered. Acceptance by Friends Fellowship Community of a completed application does not constitute an offer for a position. All statements made herein are subject to verification.

Full Name		Today's Date
Street Address		
City	State	Zip
Phone Number	Social Security Number	
Cell Phone Number	Email Address	

May we send you a text message regarding your application? ☐ Yes ☐ No

Are you 18 or older? ☐ Yes ☐ No

Are you a U.S. citizen? ☐ Yes ☐ No

If not, do you have the required documents to prove that you are authorized to work in the U.S.?
 ☐ Yes ☐ No

How did you learn about Friends Fellowship Community and this open position?

☐ Internet ☐ Palladium-Item ☐ Other _____

What kind of position are you seeking?

☐ CNA ☐ Activities ☐ Food Service ☐ Other _____
☐ LPN ☐ Housekeeping ☐ Groundskeeper
☐ RN ☐ Maintenance ☐ Office

Please list any specialized training, including licenses and certificates, which you may hold.
(Please include license number, registration number, and expiration date.)

Do you wish to work ☐ Part-time? ☐ Full-time? ☐ Temporary?

What is your shift preference? ☐ Day ☐ Evening ☐ Night

Can you work Saturdays, Sundays, and Holidays? ☐ Yes ☐ No ☐ As Needed

What days of the week, if any, are you **NOT** able to work?

☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri ☐ Sat ☐ Sun

Please list two reasons why you feel you should be given the job for which you are applying.

1. _____
2. _____

Would you be willing to take a physical examination (at Friends Fellowship Community's expense) if employed? ☐ Yes ☐ No

**Employment Record (Please list ALL employers for past 10 years.
(If additional room is needed, please request additional sheet.)**

Name of Company:	City & State
Phone #	(Dates) From To
Duties/Position	Final Wage
Name of Immediate Supervisor	
Reason for Leaving <input type="radio"/> Resigned with notice <input type="radio"/> Resigned without notice <input type="radio"/> Terminated	
Explanation:	

Name of Company:	City & State
Phone #	(Dates) From To
Duties/Position	Final Wage
Name of Immediate Supervisor	
Reason for Leaving <input type="radio"/> Resigned with notice <input type="radio"/> Resigned without notice <input type="radio"/> Terminated	
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Explanation:	

If currently employed, may we contact your present employer? ☐ Yes ☐ No
May we contact your references and previous employers? ☐ Yes ☐ No

References (Do not list relatives, please)

Name	City & State
Phone #	Occupation

Name	City & State
Phone #	Occupation

Name	City & State
Phone #	Occupation

Name	City & State
Phone #	Occupation

Military

Rank and type of Service _____

Job-related training and experience you received _____

General

Have you ever been convicted of a misdemeanor or a felony? ☐ Yes ☐ No

(A criminal record does not constitute an automatic bar to employment.)

If yes, please explain fully, including type, date, and location _____

Please list the names of any relatives currently working for Friends Fellowship Community.
(This information will be used only in conjunction with Friends Fellowship policies on work assignments of relatives.)

Person to be notified in case of emergency

Name _____

Address/City _____

Phone _____

Friends Fellowship Community is an equal opportunity employer. All qualified applicants will receive equal consideration (as required by applicable federal and state law) without regard to race, age, color, religion, sex, national origin, or handicap.

Applicant’s Statement and Agreement

I understand that, if hired, falsification of any information on this application may be grounds for dismissal.

I understand that all employees of Friends Fellowship Community, Inc. are required to receive an annual influenza vaccination (flu shot).

I understand that any future offer of employment is contingent upon my passing the prescribed physical examination.

I understand that this information is subject to verification and I give my permission to Friends Fellowship Community, Inc. to inquire for that purpose, of any person named above.

Signature of Applicant

Date

Note: Additional sheets may be used to provide supplementary data.

Friends Fellowship Community

Consent Form for Pre-Employment Alcohol, Drug, and Substance Screening

Notice to Applicants

All applicants considered for employment at Friends Fellowship community, Inc. will be required to submit to a drug-screening test performed by an agent of Friends Fellowship Community. All applicants should carefully read the following statement before signing this form.

Statement of Applicant

I hereby give my consent to Friends Fellowship Community, Inc., to which I am applying for employment, to collect urine samples from me and to conduct other necessary medical tests to determine the presence or use of alcohol, drugs, or controlled substances. Further, I give my consent for the release of the test results and other relevant medical information to authorized Friends Fellowship Community management for appropriate review. I understand that my refusal to consent will result in denial of employment. If Friends Fellowship Community, Inc. should employ me, I agree to notify the Human Resources Director and his/her designee about the taking of any prescription drugs that I know may affect my job performance.

Agreed To:

Refused:

Signature

Date

Signature

Date

Reason for Refusal:

Minors Under Age 18

In accordance with Friends Fellowship's Drug and Alcohol Abuse Policy, I/we the undersigned, parent(s)/legal guardian(s) of _____, authorize and consent to pre-employment drug testing as well as drug/alcohol testing during his/her employment at Friends Fellowship Community, Inc.

Signature of Parent or Guardian

Signature of Parent or Guardian

Type or Print Name

Type or Print Name

Date

Date

Employment Drug Testing Procedures

When applicants apply for a position at Friends Fellowship Community, they will be asked to complete this Drug Testing Form. (Note: An additional consent form will also be completed by the individual when he/she goes for drug testing.)

To begin pre-employment screening, the Human Resources Director or his/her designee will advise the candidate of the need for him/her to go for his/her drug screening test. A list of the people told to go on a given day will be maintained.

If any offer of employment is made prior to the drug test, the offer must be contingent upon receipt of negative results. The candidate should be advised not to give notice to his/her present employer prior to confirmation of negative results.

Drug testing results will be sent daily to the Human Resources Director. Positive tests will be communicated only to the Human Resources Director or his/her designee.

Once an individual has tested positive, the Human Resources Director or his/her designee will make contact with the applicant.

When contact is made, the applicant will be advised that he/she tested positive and that employment is denied. The applicant will also be told they cannot reapply at Friends Fellowship Community for one year.

All drug testing files will be maintained and stored by Friends Fellowship Community Human Resource Department.



Richmond Police Department
50 North 5th Street • Richmond, IN 47374 • 765-983-7247

NAME: _____

FIRST, MIDDLE, LAST NAME

PRESENT ADDRESS: _____

STREET, CITY, STATE, ZIP CODE

ALIAS AND/OR OTHER NAMES (MAIDEN): _____

DATE OF BIRTH: _____ SOCIAL SECURITY #: _____

DRIVERS LICENSE #: _____ STATE ISSUED: _____

☐ DRIVERS LICENSE ☐ STATE IDENTIFICATION

TODAYS DATE: _____

I, _____, HEREBY GIVE AUTHORIZATION TO THE RICHMOND, INDIANA POLICE DEPARTMENT TO RELEASE ANY INFORMATION CONCERNING MY RECORD AND/OR ARRESTS, OR PENDING WARRANTS THAT I MAY HAVE.

APPLICANT SIGNATURE

RPD USE ONLY

DOES APPLICANT HAVE A RECORD: _____ YES _____ NO

COMMENTS: _____

SEE ADDITIONAL _____ OF PAGES OF RECORDS.

RECORD CLERK SIGNATURE

DATE

PLEASE BE ADVISED, THIS IS A LOCAL (RICHMOND) RECORD CHECK ONLY. IF YOU DESIRE STATE AND/OR COUNTY RECORD CHECKS, YOU MUST CONTACT THOSE AGENCIES FOR THAT ADDITIONAL INFORMATION.