

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

**FAMILY RESOURCE AGENCY, INC**  
**403 Chickamauga Avenue, Suite 201**  
**Rossville, GA 30741**  
**Phone: 706-861-0105; Fax: 706-861-3627**  
**mwingfield@fragahs.com**

**EMPLOYMENT APPLICATION**

Please print and use a pen. Answer all questions fully or your application may be discarded.

Name: \_\_\_\_\_ Are you at least 18?  Yes  No  
                    Last                      First                      Middle

Address: \_\_\_\_\_  
                    Number                      Street                      Apt #  
\_\_\_\_\_  
                    City                      State                      Zip Code

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

Cell Phone: \_\_\_\_\_ OK to Text?  Yes  No

Email Address: \_\_\_\_\_ OK to Contact via Email?  Yes  No

**Are you related to anyone currently employed by Family Resource Agency?**  Yes  No

If so, to whom? \_\_\_\_\_ What is the relationship? \_\_\_\_\_

Have you ever been employed by Family Resource Agency? \*  Yes  No If yes, give date: \_\_\_\_\_

\* Note: Agency Personnel Policies require a current employee to immediately notify the Program Director if the employee is applying for a position in another program within the Agency.

Are you legally eligible for employment in the United States?  Yes  No

If no, please explain:  
\_\_\_\_\_  
\_\_\_\_\_

What type of employment are you interested in?  Full-time  Part-time  Either

Position(s) Applied For:  
\_\_\_\_\_  
\_\_\_\_\_

Expected Salary or Hourly Wage:  
\_\_\_\_\_  
\_\_\_\_\_

Can you travel, day time or overnight, when required?  Yes  No If not, explain:

Please rate your proficiency to communicate in English:

Speak  None  Fair  Good  Fluently  
 Read  None  Fair  Good  Fluently  
 Write  None  Fair  Good  Fluently  
 Understand  None  Fair  Good  Fluently

Please list/rate a secondary language you can communicate in (if any): \_\_\_\_\_

Speak  None  Fair  Good  Fluently  
 Read  None  Fair  Good  Fluently  
 Write  None  Fair  Good  Fluently  
 Understand  None  Fair  Good  Fluently

Please list any other languages (including sign languages) you can communicate in: \_\_\_\_\_

### EDUCATION BACKGROUND

SCHOOL/ INSTITUTION	NAME & LOCATION	COURSE OF STUDY	DATES FROM / TO	DIPLOMA, DEGREE, ETC.
High School			From: To:	<input type="checkbox"/> Diploma <input type="checkbox"/> GED Last Year Completed _____
Business/Trade/ Technical			From: To:	Diploma _____ Degree _____ Last Year Completed _____
College		Major: Minor:	From: To:	Degree _____ Last Year Completed _____ <input type="checkbox"/> Currently Enrolled/Attending
Graduate			From: To:	Degree _____ Last Year Completed _____ <input type="checkbox"/> Currently Enrolled/Attending

Do you have Pre-K Certification?  Yes  No

If yes, is it current?  Yes  No If yes, what state? \_\_\_\_\_ License # \_\_\_\_\_

Do you have a Child Development Associate (CDA) Credential?  Yes  No

If yes, is it current?  Yes  No

If it is current, is the CDA credential for:  Infant/Toddler  Pre-school

**NOTE: Please submit any credentials with application *PRIOR* to interview.**

If no college education and/or experience, are you willing to go back to school for a credential or degree?

Yes  No

**EMPLOYMENT HISTORY (List Most Recent Employer First / List All Employers)**

Must include 10 year Work History. Explain if less than 10 years Work History.

Are you employed now?  Yes  No      May we contact your present employer?  Yes  No

ORGANIZATION	POSITION, AND BRIEF DESCRIPTION OF DUTIES	SALARY/ HOURLY WAGE	DATES FROM/TO	REASON FOR LEAVING OR WANTING TO LEAVE
Name: Address: Phone: Supervisor:			From:  To:	
Name: Address: Phone: Supervisor:			From:  To:	
Name: Address: Phone: Supervisor:			From:  To:	
Name: Address: Phone: Supervisor:			From:  To:	
Name: Address: Phone: Supervisor:			From:  To:	

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Name: Address: Phone: Supervisor:			From:  To:	
Name: Address: Phone: Supervisor:			From:  To:	
Name: Address: Phone: Supervisor:			From:  To:	
Name: Address: Phone: Supervisor:			From:  To:	

**NOTE:** If you need additional space, request another Employment History Page.

Have you had:

CPR for Infants, Children and Adults within the past two years:

Yes Expiration Date: \_\_\_\_\_  No

First Aid training within the past two years?

Yes Expiration Date: \_\_\_\_\_  No

Annual child care training is required for some positions by the Department of Human Resources/DECAL/Head Start. Are you willing to participate in all trainings?  Yes  No

Have you had a TB Test?  Yes  No

If so, when? Date: \_\_\_\_\_

Can you provide a copy of the TB test?  Yes  No

**VOLUNTEER EXPERIENCES AND/OR PROFESSIONAL/CIVIC ORGANIZATIONS**

TITLE/ORGANIZATION	PLACE	DATES FROM/TO
		From: To:
		From: To:
		From: To:

Summarize any other special skills or qualifications you have:

Give name, address and telephone number of three, **non-relative** references who are not previous employers.

NAME	ADDRESS	TELEPHONE NUMBER

**FAMILY RESOURCE AGENCY, INC.  
EMPLOYEE/VOLUNTEER DECLARATION FORM**

TCA 14-10-129 states that "each person applying to work with children as a volunteer or as a paid employee ... shall complete an application on a form prescribed or approved by the Department of Human Services ... It shall be unlawful for any person to falsify any information required on the application. Knowingly failing to disclose required information shall be deemed to be falsification to the same extent as providing false information."

Family Resource Agency, Inc. (FRA) is an equal opportunity employer and selects the best matched individual for the job based upon job related qualifications, regardless of race, color, creed, sex, national origin, age, handicap or other protected groups under state, federal, or local Equal Opportunity Laws.

I understand and agree that:

1. Any material misrepresentation or deliberate omission of a fact in my application may be justification for refusal of, or if employed, termination from employment.
2. It is my understanding that FRA will make a thorough investigation of my entire work history and may verify all data given on my application for employment, related paperwork or oral interviews. I authorize such investigation and the giving and receiving of any information requested by FRA, and I release from liability any person giving or receiving any such information. I understand that falsification of data so given or other derogatory information discovered as a result of this investigation may prevent my being hired, or if hired, may subject me to immediate dismissal.
3. Employment with this agency shall be defined as "employment at will" unless otherwise indicated in writing and signed by the CEO or duly authorized Program Director.
4. I authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the duties of a job I am being considered for prior to employment.
5. Although management makes every effort to accommodate individual preferences, business needs may, at times, make changes in the work schedule necessary. I understand and accept these as conditions of my continuing employment.

**I have read and understand all of the above information:**

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Applicant

**FAMILY RESOURCE AGENCY, INC**  
**AUTHORIZATION TO RELEASE CRIMINAL HISTORY INFORMATION**  
**AND PROSPECTIVE EMPLOYEE DECLARATION FORM**

**TO ALL APPLICANTS:** Federal, State, and Agency policies require that all prospective employees who work with children sign a declaration prior to employment, which list 1) All pending and prior criminal arrests and charges related to child sexual abuse and their disposition; 2) Convictions related to other forms of child abuse and/or neglect; and 3) All convictions of violent felonies. Declarations may **EXCLUDE:** 1) Any offense, other than any offense related to child abuse and/or child sexual abuse or violent felonies committed before the prospective employee's 18<sup>th</sup> birthday, which was finally adjudicated in a juvenile court or under a youth offender law; 2) Any conviction for which the record has been expunged under federal or state law; and 3) Any conviction set aside under the Federal Youth Corrections Act or similar State Authority.

1. Have you ever been convicted of a crime?

YES  Explanation is as follows (including dates and other relevant information):

NO  I have not been convicted of any crimes.

2. Do you have any pending or prior criminal arrests and charges related to child or adult sexual abuse and their disposition?

YES  Explanation is as follows (including dates and other relevant information):

NO  I have not been arrested for, charged with, and/or convicted of the types of offenses listed above.

3. Do you have any convictions related to other forms of child or adult abuse and/or neglect?

YES  Explanation is as follows (including dates and other relevant information):

NO  I have not been arrested for, charged with, and/or convicted of the types of offenses listed above.

Individuals who declare, through this form, that they have been arrested for, charged with, or convicted of any of the offenses listed above are not automatically disqualified from being hired. Each case will be reviewed to assess the relevance of an arrest charge or conviction to a hiring decision and/or continued employment.

**Please note that if you are selected as a final candidate for employment, then you will have to complete a more in depth background check, which may also include a more detailed criminal history form.**

Name: \_\_\_\_\_  
Print Full Name

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

**FAMILY RESOURCE AGENCY, INC.  
DRIVING RECORD DECLARATION FORM**

Since many employees of the Agency may drive an Agency vehicle, or transport children, clients, or other employees in their own vehicles in certain situations through the course of their work, certain driving record information must be provided regarding prospective employees.

Declarations may exclude parking tickets. Individuals who declare, through this form, that they have been ticketed with, charged with, arrested or convicted of any of the offenses listed are not automatically disqualified from being hired. Each case will be reviewed to assess the relevance of the matter to a hiring decision.

**You must explain any 'yes' answers including dates, locations, and circumstances.**

1. Have you received a ticket for any type of moving violation within the past five years?  Yes  No

2. Have you ever been convicted of any drug or alcohol-related offense involving the driving of a motor vehicle?  Yes  No

3. Have you ever had a driver's license revoked or suspended?  Yes  No

**NOTE:** We will not process your application without completion of this form. This information will be verified through appropriate law enforcement and/or motor vehicle record channels. Your signature on this form gives your permission for Family Resource Agency, Inc. to conduct such an inquiry.

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Print Any Other Name(s) You Have Ever Used  
(such as Maiden Name, Other Married Names)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
State

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**FAMILY RESOURCE AGENCY, INC.**  
**PRE-EMPLOYMENT DRUG TESTING CONSENT AND RELEASE FORM**

I hereby consent to submit to urinalysis and/or other tests as shall be determined by Family Resource Agency in the selection process of applicants for employment, for the purpose of determining the drug content thereof.

I agree that the facility chosen by Family Resource Agency, Inc. may collect these specimens for these tests and may test them or forward them to a testing laboratory designated by the company for analysis.

I further agree to and hereby authorize the release of the results of said tests to Family Resource Agency.

I understand that it is the current illegal use of drugs and/or abuse of alcohol that prohibits me from being employed at Family Resource Agency.

I further agree to hold harmless Family Resource Agency and its agents (including Comprehensive Compliance and its associates) from any liability arising in whole or part out of the collection of specimens, testing, and use of the information from said testing in connection with Family Resource Agency's consideration of my employment application.

I further agree that a reproduced copy of this pre-employment consent and release form shall have the same force and effect as the original.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

Applicant:

Print Name \_\_\_\_\_ S.S.#: \_\_\_\_\_

Applicant:

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