

APPLICATION FOR EMPLOYMENT					ProFamily, LLC	Date of Application _____
SSN _____		Last Name _____		First Name _____		Middle Name _____
Address (Street number and name) _____				City _____		County _____
State _____	Zip Code _____	Home Phone _____	Cell Phone _____	Email _____		
Are you related by blood or marriage to any person now working for ProFamily? <input type="checkbox"/> YES <input type="checkbox"/> NO						
If yes, give name, relationship to you. _____						

Availability
Do you currently have a full time job? YES NO

Days/Hours Available Monday _____ Tuesday _____ Wednesday _____ Thursday _____	Friday _____ Saturday _____ Sunday _____ Hours Available: from _____ to _____
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If you are not available for work now, enter the earliest date you could begin work (mo/day/yr.) _____

Will you accept work in any county where ProFamily provides services? YES NO (If no, list below the counties in which you would be willing to work.)

1. _____ 2. _____ 3. _____ 4. _____ 5. _____

Position Applied For
Enter below the job(s) for which you are applying. (Example: Parent Aide, Master's Level Counselor, Tutor, etc.)

1. _____ 2. _____ 3. _____

Referral Source
How did you hear about ProFamily: _____

If you were referred by a county DFCS office, please indicate the county and person who made the referral: _____

Education
Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED College 1 2 3 4 Graduate School 1 2 3 4

Schools	Name and Location	Dates Attended (mo/yr) From: To:	Grad? YES <input type="checkbox"/> NO <input type="checkbox"/>	Major/Minor Course Work	Type of Degree Received
High School			YES <input type="checkbox"/> NO <input type="checkbox"/>		
College(s) University (s)			YES <input type="checkbox"/> NO <input type="checkbox"/>		
Graduate or Professional			YES <input type="checkbox"/> NO <input type="checkbox"/>		
Other educational, vocational school, internships, etc.			YES <input type="checkbox"/> NO <input type="checkbox"/>		

Special training programs and seminars you have completed in the last five years (list):

Have you been certified to provide CCFA services through the state of Georgia?
 YES NO

Licensure:
License: _____ State: _____ No. _____

Membership in professional, honorary, or technical societies (list):

Transcripts
Persons with college degrees must provide certified copies (sealed) of all transcripts. Transcripts may be mailed to:
ProFamily, LLC
ATTN: _____(Your Name)
PO Box 1662
Dalton GA 30722-1662

Please indicate if your transcripts:
 Have been requested
 Will be requested within 15 days
 N/A

Other Information

Driver's License _____
 Number _____ State _____

Automobile Insurance
 (You must provide coverage page indicating coverage of at least 100/300)

Have you had any accidents during the past three years? How many? _____

Have you had any moving violations during the past three years? How Many? _____

Have you ever been convicted of an offense against the law other than a minor traffic violation? (A conviction does not mean you cannot be hired. The offense and how recently you were convicted will be evaluated in relation to the job for which you are applying.) YES NO (If yes, explain fully on an additional sheet.)

Please indicate fluency in other languages:
 Sign Language
 Foreign language (specify) _____

WORK HISTORY (include volunteer experience) Use Additional Sheets if Necessary

Current or Last Employer:		Address:		
Job Title:		Supervisor's Name	Telephone Number	Number Supervised by you:
Date Employed (mo/yr)	Starting Salary \$ _____ per	Ending or Current Salary \$ _____ per	Reason for Leaving	May We Contact Employer YES <input type="checkbox"/> NO <input type="checkbox"/>
Date Separated (mo/yr)	List major duties in order of their importance in the job:			
Full Time Years Months				
Part Time Years Months				
If part time, number of hours worked per week:				

Employer:		Address:		
Job Title:		Supervisor's Name	Telephone Number	Number Supervised by you:
Date Employed (mo/yr)	Starting Salary \$ _____ per	Ending or Current Salary \$ _____ per	Reason for Leaving	
Date Separated (mo/yr)	List major duties in order of their importance in the job:			
Full Time Years Months				
Part Time Years Months				
If part time, number of hours worked per week:				

Please list two references other than relatives or previous employers.

Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Address _____	Address _____
Telephone _____	Telephone _____

I certify that I have given true, accurate and complete information on this form to the best of my knowledge. In the event confirmation is needed in connection with my work, I authorize educational institutions, associations, registration and licensing boards, and others to furnish whatever detail is available concerning my qualifications. I authorize investigation of all statements made in this application and understand that false information or documentation, or a failure to disclose relevant information may be grounds for rejection of my application, disciplinary action or dismissal if I am employed, and (or) criminal action. I further understand that dismissal upon employment shall be mandatory if fraudulent disclosures are given to meet position qualifications

 Signature of Applicant (unsigned applications will not be processed)

 Date

All ProFamily staff must submit to a background check per Georgia State DHR requirements.
Please provide the following information for fingerprinting.

Last Name

First Name

Middle Name

Suffix

Date of Birth

Place of Birth

SSN

Sex

Race

Eye Color

Hair Color

Height

Weight

Country of Citizenship

Driver's License Number

Driver's License State

Address

City

State

Zip

Phone Number

At the time of hiring, ProFamily will register the applicant for fingerprinting.

Fax applications to 706-259-4102 or email to karinmcgill@profamilyga.com