

Job Application Administrator

Family Intervention Specialists, Inc.

An Equal Opportunity Employer

Completed application and resume can be faxed to **678-288-8199**, emailed to **info@fisinc.org**, or mailed to **848 Hiram Acworth Hwy, Hiram, GA 30141**. You may be contacted for an interview if qualifications meet job requirements. Applicants for any position with the Family Intervention Specialists shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, marital status, gender or age. As a means of accommodation to persons with specific disabilities that prevent them from completing this application, confidential assistance in filling out this application may be obtained by calling the agency to which you are applying. Subject to FBI Criminal History Record Check. Applicant has the right to challenge the contents of their Criminal History Record Information. Reference Checks will be conducted.

1. POSITION APPLIED FOR			
2. Full name	First:	Last:	Middle:
3. Address	Street:		4. Home Phone:
	City:	State:	Zip:
5. Cell Phone:			
6. E-mail:			
7. EDUCATION- Please attach your resume containing information about your education and credentials. If you expect to complete an educational program in the near future, please indicate what type of degree or program and expected completion:			
8. LICENSURE- Are you licensed as a social worker or professional counselor in State Georgia? <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. EXPERIENCE- Please attach your resume containing information about work experience			
10. REFERENCES- List names, addresses and relationships of three persons not related to you who know your qualifications:			
Name	Address	Phone number	Business
11. MISCELLANEOUS			
a. Check which job status you will accept: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time (specify):			
b. Check which employment status you will accept: <input type="checkbox"/> Employee <input type="checkbox"/> Contractor			
c. Are you willing to accept employment which requires you to travel? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, when you are available? <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends			
d. List the counties in which you are willing to work:			
e. Are you able to provide your own transportation for your employment? <input type="checkbox"/> Yes <input type="checkbox"/> No			
f. Do you have a personal computer with Windows operation software at home? <input type="checkbox"/> Yes <input type="checkbox"/> No			
g. Are you familiar with Microsoft Office? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Somewhat			
h. Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			
i. Have you ever been convicted* for any violation(s) of law, including moving traffic violations? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If YES, please provide the following: Description of offense:			
Statute or ordinance (if known):		Date of Charge:	Date of Conviction:
City:	State:	Zip:	For additional convictions use plain paper Include all information listed
12. Date available to start work:			
13. CERTIFICATION- Each Application Requires Current Date and Original Signature			
I hereby certify that all entries and attachments are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part of any work relationship with the Family Intervention Specialists, Inc. I understand that all information on this application is subject to verification and I consent to criminal history background checks. I also consent that you may contact references, former employers and educational institutions listed regarding this application. I further authorize the Family Intervention Specialists, Inc. to rely upon and use, as it sees fit, any information received from such contacts. Information contained on this application may be disseminated to other agencies, nongovernmental organizations or systems on a need-to-know basis for good cause shown as determined by the agency head or designee.			
Date:	Applicant's Signature:		

Emergency contact person:

Relationship to you:

Phone number:

How did you find out about this employment opportunity?

Referral (by _____) Agency website Job fair Agency letter Other (please specify):