

QUESTIONNAIRE

1. Why are you interested in working with Family Wellness?

2. What has been your most significant achievement?

3. (a) What has been your most significant failure? (b) What did you do about it?

4. Explain to us why we should hire you?

I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that, if employed, false information contained in this application may result in immediate discharge at any time during my employment.

I authorize any person or entity listed in this application to provide information which Family Wellness may request in its evaluation of my qualifications for employment. I further agree that Family Wellness may furnish like information to those with whom I may seek employment in the future. I release all parties from all liability for any damage that may result from such furnishing of information to or by Family Wellness.

I understand that if hired the terms, conditions, compensation, benefits, hours, schedules and duration of employment may be determined, changed or modified from time to time by Family Wellness. I understand if hired that my employment is at will and can be terminated, with or without cause, and with or without notice, at any time at the option of either Family Wellness or myself.

I understand that any offer of employment that may be extended will be conditional and include, but is not limited to, successful completion of a drug test. I understand that employment is contingent upon successful completion of a health assessment conducted by the organization's Employee Health Service (we advise you not to resign or change your current employment status until you are advised that you have successfully completed the health assessment).

DATE

SIGNATURE OF APPLICANT



8701 W. 32nd Street
Sioux Falls, SD 57106
Phone: (605) 323-6900
Fax: (605) 323-6901
www.familywellnesssf.com

EMPLOYMENT APPLICATION

*Please Read Carefully Before
Filling Out Application*

Family Wellness is an Equal Opportunity Employer. All applicants and employees will be treated fairly and in conformity with all existing laws. In answering the questions on the application, if you have any doubt as to their propriety or legality, ask the Human Resources Office for an explanation of the questions. If you are still in doubt, do not answer.

Family Wellness will hire only U.S. Citizens or Aliens authorized to work in the U.S.

Write or print specific and accurate answers to all questions in detail (except as noted above.) All information will be treated confidentially. If space is inadequate in areas, use a separate sheet of paper.

Please print or write clearly in spaces below

NAME - LAST FIRST MIDDLE SOCIAL SECURITY NUMBER

STREET ADDRESS CITY STATE ZIP

HOME TELEPHONE NUMBER BUSINESS TELEPHONE NUMBER EMAIL ADDRESS

POSITION APPLYING FOR _____

SHIFT DESIRED - CHECK ALL THAT APPLY

<input type="checkbox"/> FULL TIME	<input type="checkbox"/> PART TIME	<input type="checkbox"/> TEMPORARY
<input type="checkbox"/> DAY SHIFT	<input type="checkbox"/> EVENING SHIFT	<input type="checkbox"/> ANY
<input type="checkbox"/> MONDAY	<input type="checkbox"/> TUESDAY	<input type="checkbox"/> WEDNESDAY
<input type="checkbox"/> THURSDAY	<input type="checkbox"/> FRIDAY	<input type="checkbox"/> SATURDAY
		<input type="checkbox"/> SUNDAY

DATE AVAILABLE TO BEGIN EMPLOYMENT _____ MINIMUM SALARY DESIRED _____

REFERRED TO FAMILY WELLNESS:

<input type="checkbox"/> EMPLOYEE	<input type="checkbox"/> NEWSPAPER AD	<input type="checkbox"/> SCHOOL	<input type="checkbox"/> WALK-IN
<input type="checkbox"/> INTERNET	<input type="checkbox"/> PHYSICIAN	<input type="checkbox"/> RECRUITING FAIR	<input type="checkbox"/> RADIO/TV
	<input type="checkbox"/> OTHER, SPECIFY _____		

ARE YOU EIGHTEEN YEARS OF AGE OR OLDER?
 YES NO IF UNDER 18, HIRE IS SUBJECT TO VERIFICATION OF THE MINIMUM LEGAL AGE.

ARE YOU A CITIZEN OF THE UNITED STATES OR OTHERWISE LAWFULLY AUTHORIZED TO WORK IN THE U.S.?
 YES NO

HAVE YOU ATTENDED SCHOOL OR BEEN EMPLOYED UNDER ANOTHER NAME?
 YES NO IF SO, UNDER WHAT NAME(S)? _____

IF YOU HAVE SERVED IN MILITARY, LIST EXPERIENCE OR TRAINING THAT MIGHT BE RELATED TO THE JOB FOR WHICH YOU ARE APPLYING _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO
IF YES, PLEASE EXPLAIN _____

NAME:

CONVICTION WILL NOT NECESSARILY DISQUALIFY AN APPLICANT FOR EMPLOYMENT.

EDUCATION

SCHOOL (BEGIN WITH HIGH SCHOOL) HIGH SCHOOL/CITY/STATE	DEGREE / DIPLOMA	DATE RECEIVED	MAJOR FIELD
COLLEGE/CITY/STATE			
TECHNICAL SCHOOL			

PROFESSIONAL / TECHNICAL LICENSES AND/OR CERTIFICATION (LIST BELOW)

TYPE	STATE ISSUED	DATE	NO.	EXPIRATION

HAS YOUR LICENSE OR CERTIFICATION EVER BEEN SUSPENDED OR REVOKED?

YES NO IF YES, WHEN _____

REFERENCES

(PERSONS NOT RELATED TO YOU) LIST THREE

NAME	COMPANY & ADDRESS	PRESENT TITLE	TELEPHONE

SPECIAL SKILLS AND QUALIFICATIONS

SUMMARIZE SPECIAL JOB RELATED SKILLS AND QUALIFICATIONS ACQUIRED FROM EMPLOYMENT OR OTHER EXPERIENCE.

WORK EXPERIENCE

(START WITH YOUR PRESENT OR LAST JOB – INCLUDE MILITARY SERVICE & PERIODS OF UNEMPLOYMENT)

EMPLOYER	DATES FROM MO./YR. TO MO./YR.	WORK PERFORMED
ADDRESS		
TELEPHONE	HRLY. RATE / SALARY START-FINAL	REASON FOR LEAVING
SUPERVISOR		
EMPLOYER	DATES FROM MO./YR. TO MO./YR.	WORK PERFORMED
ADDRESS		
TELEPHONE	HRLY. RATE / SALARY START-FINAL	REASON FOR LEAVING
SUPERVISOR		
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SUPERVISOR		
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ADDRESS		
TELEPHONE	HRLY. RATE / SALARY START-FINAL	REASON FOR LEAVING
SUPERVISOR		



Various equal opportunity / affirmation action agencies require that Family Wellness compile summary data on the ethnicity, sex, disability status, and age of applicants for positions. For the purpose of statistical analysis **only**, we request that you complete and return this form.

Your response will be kept confidential and separate from your application by the Human Resource office.

Thank you for your assistance and time.

Today's date: _____

Position applied for: _____

Ethnicity:

White Hispanic Asia or Pacific Islander
Black American Indian or Alaskan Native

Sex: Male Female

Vietnam Veteran Status: As defined by the Vietnam Era Veteran Assistance Act of 1974, are you in the protected group?
Yes No

Thank you for your time.

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