



From:	To:	Employer:
Job Title:		Address: City, State, Zip: Telephone: (    )
Supervisor Name & Title:		Summarize work performed/job responsibilities:
Ending Wages/Salary:		Reason for Leaving:

From:	To:	Employer:
Job Title:		Address: City, State, Zip: Telephone: (    )
Supervisor Name & Title:		Summarize work performed/job responsibilities:
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From:	To:	Employer:
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Supervisor Name & Title:		Summarize work performed/job responsibilities:
Ending Wages/Salary:		Reason for Leaving:

Special Skills and Qualifications (i.e. foreign language, sign language, Red Cross certified)

**Educational Background**

Name and Location	Year Graduated	Major	Degree
High School			
Undergraduate studies			
Graduate School			
Other			

**Professional References**

Name	Relationship	Telephone	# Years Known
1.			
2.			
3.			

*In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Employer. I give the Employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information. I also understand that a pre-employment physical and drug screen may be required.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



7310 WOODWARD AVE STE 601 | DETROIT MICHIGAN 48202 | P 313-896-1444 | F 313-896-1466

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## Release of Information (B)

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### ***Read carefully before signing.***

I have read and do understand the statements contained herein and certify that they are true and complete without qualification.

Assured Family Services has the right to terminate my employment at any time if it discovers that I have provided incomplete, untrue or misleading answers in this application or any other document or form at any time during my employment.

I hereby authorize that previous employers or personal references contacted by AFS, in connection with this application fully respond to all inquiries concerning such previous employment and specifically waive prior written notice of disclosure of my personnel record information, including disciplinary reports, letters of reprimands or other disciplinary action. I also authorize educational institutions to release information relative to claimed degrees and achievements. In consideration of the acceptance of my application, I release AFS or previous employers and educational institutions of any claimed liability arising out of such response and disclosure.

In the event that I am employed by this agency, I agree to comply with all its orders, rules and regulations, and acknowledge that said orders, rules and regulations do not constitute terms of employment.

I hereby acknowledge that this application is for an employment of indefinite duration and understand that either AFS or I can terminate my employment and compensation, with or without cause, and with or without notice, at any time.

No officer or representative of AFS has the authority to enter into an agreement for employment for any specified period of time, or to make an agreement contrary to the provisions contained in this Employee Manual except the President/CEO of AFS and any such changes and/or agreement must be made in writing directed to you personally and signed by the President/CEO.

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Signature of applicant

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Date



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## Release of Information (A)

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I understand and agree that, prior to contracting with persons who will be providing services to AFS' consumers, AFS will secure criminal history and driving record information and may require individual to complete a pre-employment physical examination using the information provided below:

Name: \_\_\_\_\_  
Last First Middle

Maiden name/other names used: \_\_\_\_\_

Sex: \_\_\_\_\_ Birth Date \_\_\_\_\_ Race \_\_\_\_\_

Social Security No. \_\_\_\_\_ Driver's License No. \_\_\_\_\_

I authorize AFS to obtain the above-described information. A photocopy of this signed Authorization will carry the same effect as the original.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date