# Application for Employment

**Big Bend Cares, Inc. 2201 S. Monroe Street Tallahassee, FL 32301**

## PLEASE PRINT

**Position(s) Applied For Date of Application / / Referral Source** **Advertisement** **Relative** **Employee** **Government Employment Agency**

**Walk-in** **Private Employment Agency** **Other**

**Name of Source (If Applicable)**

**Name**

**Last First Middle**

**Address**

Street City State Zip Code

Telephone Number ( ) Social Security Number

If necessary, best time to call you is

Time AM/PM

at the following number ( )

Have you ever filed an application here before?…………………………………………………………………………….YES NO If Yes, give date / /

Have you ever been employed here before?… From / / To / /

Are you legally eligible for employment in this country……………………………………………………………………..YES NO (Proof of U.S. Citizenship or immigration status will be required upon employment.)

Date available for work / /

Type of employment desired Full Time Part Time Temporary Seasonal Educational Co-Op

Are you on lay-off and subject to recall?……………………………………………………………………………………..YES NO Will you travel if job requires it?……………………………………………………………………………………………… YES NO Are you able to meet the attendance requirements of the position? ……………………………………………………. YES NO Will you work overtime if required? …………………………………………………………………………………………. YES NO Have you ever been bonded? ……………………………………………………………………………………………….. YES NO

Have you been convicted of a felony, had adjudication withheld, pled nolo contender, or entered into any other

pleas in the last seven (7) years? …………………………………………………………………………………………… YES NO (Such a conviction may be relevant if job-related, but does not bar you from employment.)

If YES, Please Explain:

Have you been disciplined or terminated for engaging in harassing or discriminating behavior?…………………… YES NO If YES, Please Explain:

Driver’s license number (if required by job) State

AN EQUAL OPPORTUNITY EMPLOYER

# Employment History

**List your last four (4) employers, assignments or volunteer activities, starting with the most recent, including military experience.**

Explain any gaps in employment in comments section below.

Employer Telephone

Dates Employed

Summarize the nature of the

( ) From To work performed and job responsibilities

|  |  |  |  |
| --- | --- | --- | --- |
| Address |  |  |  |
| Job Title | \_ Hourly Rate/Salary  Starting | |  |
| Immediate Supervisor and Title | $ | per |  |
| Reason for Leaving | \_ Hourly Rate/Salary  Final | |  |
| May we contact for reference? Yes No Later | $ | per |  |
| Employer Telephone  ( ) | Dates Employed | | Summarize the nature of the  work performed and job responsibilities |
| From | To |
| Address |  |  |  |
| Job Title | Hourly Rate/Salary | |  |
| Starting | |
| Immediate Supervisor and Title | $ | per |  |
| Reason for Leaving | Hourly Rate/Salary | |  |
| Final | |
| May we contact for reference? Yes No Later | $ | per |  |
| Employer Telephone  ( ) | Dates Employed From To | | Summarize the nature of the  work performed and job responsibilities |
| Address |  |  |  |
| Job Title | Hourly Rate/Salary | |  |
| Starting | |
| Immediate Supervisor and Title | $ | per |  |
| Reason for Leaving | Hourly Rate/Salary | |  |
| Final | |
| May we contact for reference?  Yes  No  Later | $ | per |  |
| Employer Telephone  ( ) | Dates Employed | | Summarize the nature of the  work performed and job responsibilities: |
| From | To |
| Address |  |  |  |
| Job Title | Hourly Rate/Salary | |  |
| Starting | |
| Immediate Supervisor and Title | $ | per |  |
| Reason for Leaving | Hourly Rate/Salary  Final | |  |
| May we contact for reference?  Yes  No  Later | $ | per |  |

Comments (including explanation of any gaps in employment)

**Skills and Qualifications** Summarize special skills and qualifications acquired from employment or other experiences that may qualify you to work with our company.

# Educational Background

**A.** List last three (3) schools attended, *starting with last one;* **B.** List number of years completed; **C.** Indicate degree or diploma earned, if any; **D.** Grade Point Average or Class Rank; and **E.** major and minor field of study (if applicable).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| A. School | B. No. Years | C. Degree | D. GPA | E. Major | F. Minor |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

List any foreign language(s) and check the box that best describes your skill level.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Language | Read and Write | Read and Speak | Read Only | Speak only |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

# References

List names and telephone numbers of three business/work references who are *not* related to you. If not applicable, list three school or personal references who are not related to you.

|  |  |  |
| --- | --- | --- |
| Name | Telephone | Years Known |
|  | ( ) |  |
|  | ( ) |  |
|  | ( ) |  |

List professional, trade, business, or civic associations and any offices held. (Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability or other protected status.)

Organization

Offices Held

List special accomplishments, publication, awards. (Exclude information which would reveal sex, race, religion, national origin, age, color, disability or other protected status.)

List any additional information you would like us to consider.

**VOLUNTARY AFFIRMATIVE ACTION INFORMATION**

(Completion of information below is voluntary)

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, veteran status or any other legally protected status.

Date / /

Position(s) applied for Referral Source

* Advertisement  Employee  Relative  Walk-in  School  Government Employment Agency
* Private Employment Agency  Other

Name of Source (if Applicable)

Applicant’s Name ( )

Last First Middle Area Code Phone

Address

Street City State Zip Code

As required, we comply with government regulations including Affirmative Action obligations where they apply.

In an effort to comply with requirements regarding government record keeping, reporting and other legal obligations, we ask that you complete this applicant data survey. Your cooperation is appreciated.

Please be advised that your survey is *not* a part of your official application for employment It is considered confidential information that will not be used in any hiring decision.

**Check one:** ……………………………………………………………………………………………. Male  Female Check one of the following Race/Ethnic Group

* Hispanic  Black  White  American Indian/Alaskan Native  Asian/Pacific Islander

SPECIAL NOTICE TO VIETNAM ERA VETERANS, DISABLED VETERANS AND INDIVIDUALS WITH PHYSICAL OR MENTAL HANDICAPS OR DISABILITIES:

Government contractors subject to the Vietnam Era Veterans Readjustment Act of 1974 and the Rehabilitation Act of 1973 are required to take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era and qualified handicapped individuals.

You are invited to volunteer this information, if you qualify, to assist in proper placement and determining reasonable accommodation. This information will be considered confidential, and refusal to provide this information will not adversely affect your consideration for employment.

IF YOU SO WISH TO BE IDENTIFIED, PLEASE CHECK IF ANY OF THE FOLLOWING ARE APPLICABLE:

* VIETNAM ERA VETERAN  DISABLED VETERAN  INDIVIDUAL WITH A DISABILITY

## To be completed by applicant – Not for interview purposes – To be filed separately from application.

**This information is used to satisfy the Affirmative Action requirements of Section 503 of the Rehabilitation Act or necessitated by another federal law or regulation.**

It is understood and agreed upon that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer’s service if I have been employed.

I give the Employer the right to contact any and all parties regarding my past experiences, investigate all references and to secure additional information about me. 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 authorize the Agency to conduct an electronic screen of my background including queries on Internet search sites, such as Google, and social network sites, such as Facebook.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the Employer and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand that just as I am free to resign at any time, the Employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the Employer has the authority to make any assurances to the contrary.

Signature of Applicant \_ \_ Date / /

Printed Name of Applicant\_ \_ \_ \_\_

# For Personnel Department Use Only

Position(s) applied for ……………………………………………………………………… Available  Not Available

Other positions considered for

\_ \_ \_ \_ Hired …………………………….. Yes  No Date of Hire / \_ /\_

Position hired for

EEO classification

|  |  |  |
| --- | --- | --- |
| 1. Officials and Managers | 4. Sales | 7. Operatives (semi-skilled) |
| 2. Professionals | 5. Office and Clerical | 8. Laborers |
| 3. Technicians | 6. Craft Workers (Skilled) | 9. Service Workers |

Notes

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Completed By \_ \_ Date / /

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