

CLIENT COMPANY _____

THE EMPLOYEE MANAGEMENT TEAM EMPLOYMENT APPLICATION
Please Print Or Type- Use Black or Blue Ink Only

POSITION INFORMATION

List the position for which you are applying: _____ Date: _____

Title: _____ Position #: _____

How did you hear of the position opening? _____

What are your salary requirements? _____

PERSONAL INFORMATION

First Name: _____ Last Name: _____ MI _____

E-Mail Address: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Work Phone: _____ Home Phone: _____ Cell Phone: _____

Only U.S. citizens or aliens who have a legal right to work in the U.S. are eligible for employment. Others are prohibited from employment by federal law.

Are you presently authorized to work in the U.S.? Yes No

Federal Law Requires that employers examine evidence of identity and employment eligibility within three (3) business days of the date employment begins. If you are authorized to work, but unable to present the required document(s) within three (3) business days, you must present a receipt for the application of the document(s) within three (3) business days and the actual document(s) within ninety (90) days. The Human Resource Department will provide you with a list of acceptable documents. If employed, you must complete section 1 of the Employment Eligibility Verification Forms (Form I-9) no later than the close of business on the first (1) day of employment.

Do you currently work or have you ever worked for this Company, or any institute Yes No

or direct-support organization of this Company? If so, when, where and under what name(s)?

Agency Name(s): _____

Do you have any relatives employed by this Company? If so, list their names.

Yes No

Are you a veteran of the U.S. Military? If yes, list dates of active duty and discharge date.

Yes No

From: _____ To: _____
Discharge Date: _____

Did you receive a dishonorable discharge from the military?

Yes No

Answering "yes" will not necessarily bar you from employment. Each case will be judged on its own merit with respect to time,

Are you claiming veterans' preference under Florida law? If yes, complete the Veterans' Preference Claim Form included in this application.

Yes No

Criminal Conviction Information: Have you ever been convicted of a Crime or misdemeanor, entered a plea of Nolo Contendre (no contest) to a crime or misdemeanor, or received a suspended sentence (regardless of the ultimate adjudication) for a crime or misdemeanor.

Yes No

If yes, please explain. _____

Have you ever been sued for causing death or injury to a person or for causing any property damage (e.g. for assault, battery, defamations, etc.)?

Yes No

If yes, Date: _____ Please explain the nature of the claims in the lawsuit(s) and/or deposition(s). _____

Have you ever been censured/disciplined or found to be in violation of ethical standards by a professional organization? If yes, please explain. _____

Yes No

Answering "yes" to any of the above questions will not necessarily bar you from employment. Each case will be judged on its own merit with respect to time, circumstances, seriousness and type of position.

EDUCATION

Be prepared to provide original transcripts for all post-high school course work. Check the highest level of attainment:

High school: 9th 10th 11th 12th GED College: 1 2 3 4

Graduate School: Yes No

Name and location of education institution (secondary and beyond).	Semester or Quarter Hours Completed	Did you graduate	Major	Minor	Degree Awarded
Name and Location:					
Name and Location:					
Name and Location:					
Name and Location:					

EMPLOYMENT HISTORY

List all employment starting with your current or most recent job. Account for all periods including unemployment, U.S. military service and volunteer work. If you list military service as work experience, you must attach a copy of your DD-214.

Job Title: _____

Current Employer: _____ Phone: _____

Supervisor's Name and Title: _____

Employment Dates: From: _____ To: _____ Full Time Part Time

Hours: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Duties: _____

Reason for Leaving; _____

May we contact the employer for employment verification purposes? Yes No

Job Title: _____

Previous Employer: _____ Phone: _____

Supervisor's Name and Title: _____

Employment Dates: From: _____ To: _____ Full Time Part Time

Hours: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Duties: _____

Reason for Leaving; _____

May we contact the employer for employment verification purposes? Yes NO

Job Title: _____

Previous Employer: _____ Phone: _____

Supervisor's Name and Title: _____

Employment Dates: From: _____ To: _____ Full Time Part Time

Hours: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Duties: _____

Reason for Leaving; _____

May we contact the employer for employment verification purposes? Yes No

Job Title: _____

Previous Employer: _____ Phone: _____

Supervisor's Name and Title: _____

Employment Dates: From: _____ To: _____ Full Time Part Time

Hours: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Duties: _____

Reason for Leaving; _____

May we contact the employer for employment verification purposes? Yes No

SKILLS, LICENSES, CERTIFICATIONS, SCHOLARSHIPS, AWARDS, HONORS & MEMBERSHIPS

Indicate any professional or occupational licenses, registrations or certification you currently hold. If a license or certification is required for a position, you must provide a copy of it to the hiring department. Also list any special knowledge, skills or abilities you have.

List scholarships, awards, honors, and memberships in honorary and/or professional societies, publications, consulting work in professional field, etc.

CERTIFICATION, AUTHORIZATION AND SIGNATURE

I hereby consent to the release of any information maintained about me by all previous employers, educational institutions, law enforcement authorities, licensing boards or any other entity, agency, or individual which the College may contact to secure references or records. I hereby authorize my employer to release information concerning my employment to any prospective employer or others seeking to verify my employment with my employer. I hereby release my employer from all liability for any truthful statement made by an employee, agent or official of my employer, authorized by Human Resources, which is made to any prospective employer and waive any claim that might arise from any such statement. I consent to the use of my social security number for my employer's business. I certify that the information and answers I entered on this Application are true and complete to the best of my knowledge. I further understand that any false statements or omissions made on this application or supplement may be grounds for immediate discharge or removal from consideration of employment. Finally, I acknowledge and agree to, as a post offer requirement, to be fingerprinted and have a background check if it is required for the position for which I am seeking.

Should I become employed, as a condition of my employment, I agree to waive my right to trial by a jury in any action or proceeding involving any claim, whether statutory or common law, related to or arising out of my employment or termination of employment, including claims of discrimination. I understand that I am waiving my right to a jury trial voluntarily and knowingly and free from duress or coercion. I understand that I have the right to consult with a person of my choosing, including an attorney, before signing this document.

Signature: _____ Date: _____