



Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First MI

Address: _____
Street Address Apartment/Unit #

City State Zip Code

Phone: _____ Email: _____

Date Available: _____

Position you are applying for: _____ Desired salary: \$ _____

Will you be able to perform the essential job functions for the position you are applying for with or without reasonable accommodations? Yes No

Full-Time Part-Time Seasonal Contract Work Student Intern

If part-time, seasonal or contract work, state days/hours available: _____

How did you hear about our employment opportunity? Employee Friend/Relative Advertisement – local
 Walk-in Internet (Specify site) _____ Other (specify) _____

Are you related in any way to an officer or employee of this corporation? Yes No

Have you ever worked for this company before? Yes No

If yes, give name, position held and location: _____

If applicable, list any other names by which you have been known which may be necessary to allow us to confirm your work and educational record. For example, change of name, use of an assumed name, nickname, etc. _____

Are you legally authorized to work in the United States? Yes No

Have you ever been convicted of, or entered a plea of guilty, no contest, or had a withheld judgment to a felony?
 Yes No

If yes, please explain: _____

If applying for a Driver's position:

Do you have a driver's license? Yes No Driver's License No: _____ State issued? _____

Have you had any accidents during the past three years? Yes No

Have you had any moving violations during the past three years? Yes No

Office: 772-925-8200
4787025v.1

Fax: 772-925-8198

web: www.wholefamilyhealthcenter.org



Education

Account for all studies including High School Equivalency, High School, College, University and Professional Schools

Name and Location of School		Credits Completed	Diploma or Degree Received		Major Subject	
		Sem Hrs				
High School or Equivalency		N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO	N/A		
College or University			<input type="checkbox"/> YES <input type="checkbox"/> NO	Degree _____ Year Graduated _____		
Graduate /Post Graduate			<input type="checkbox"/> YES <input type="checkbox"/> NO	Degree _____ Year Graduated _____		
Program of study now being taken:			Scholastic honors and fellowships received:			
FOREIGN LANGUAGES/SIGN LANGUAGE					PROFESSIONAL HONORARY SOCIETIES AND PROFESSIONAL ORGANIZTRION MEMBERSHIPS <small>(Exclude those which may disclose your race, color, religion or national origin)</small>	
Language	Speak	Write	Understand	Translate		
SPECIAL SKILLS					SPECIAL QUALIFICATIONS (Publications, etc.)	
Typing speeds:		Shorthand speed:				
Other (machines, etc.)						
Windows XP <input type="checkbox"/>		Microsoft Word <input type="checkbox"/>		Excel <input type="checkbox"/>		
Power Point <input type="checkbox"/>		Desktop Publishing <input type="checkbox"/>		Access <input type="checkbox"/>		
LICENSES AND/OR CERTIFICATIONS (If Applicable)						
Type of License or Certification	Issuing Agency	State	Number and Date of Original	Date of Last Renewal	Current Registration	Expiration Date



Employment History

Employment History					
PRESENT OR PAST EMPLOYERS. (Please list all employers; attach additional sheets if necessary.)					
Name of Employer:			Type of business:		
Address:	City:	State:	Zip Code:	Telephone number (Area Code):	
Employment Dates: To: From:		Title of Position:		Name and Title of Supervisor:	
Reason for leaving:			Starting salary	Final salary	Hours per week
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Description of duties:					
Name of Employer:			Type of business:		
Address:	City:	State:	Zip Code:	Telephone number (Area Code):	
Employment Dates: To: From:		Title of Position:		Name and Title of Supervisor:	
Reason for leaving:			Starting salary	Final salary	Hours per week
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Description of duties:					
Name of Employer:			Type of business:		
Address:	City:	State:	Zip Code:	Telephone number (Area Code):	
Employment Dates: To: From:		Title of Position:		Name and Title of Supervisor:	
Reason for leaving:			Starting salary	Final salary	Hours per week
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Description of duties:					
Name of Employer:			Type of business:		
Address:	City:	State:	Zip Code:	Telephone number (Area Code):	
Employment Dates: To: From:		Title of Position:		Name and Title of Supervisor:	
Reason for leaving:			Starting salary	Final salary	Hours per week
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Description of duties:					



References

Please list three professional references. (Do not list relatives or personal friends)

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____ Email address: _____

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Company: _____ Phone: _____
Address: _____ Email address: _____

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Company: _____ Phone: _____
Address: _____ Email address: _____

MILITARY RECORD IN U.S. ARMED FORCES

Branch of Service:

List any Service Schools, Special Training or Assignments that may be relevant to the position that you are applying for:

- Have you ever been terminated or asked to resign from any job? Yes No
- Has your employment ever been terminated by agreement? Yes No
- Have you ever been given the choice to resign rather than be terminated? Yes No

If you answered Yes to any of the above three questions, please explain the circumstances of each occasion.



Applicant Certification

I understand and agree that if driving is a requirement of the job for which I am applying, my employment and/or continued employment is contingent on possessing a valid driver's license for the state in which I reside and automobile liability insurance in an amount equal to the minimum required by the state where I reside.

I understand that the Company may now have, or may establish, a drug-free workplace or drug and/or alcohol testing program consistent with applicable federal, state, and local law. If the Company has such a program and I am offered a conditional offer of employment, I understand that if a pre-employment (post-offer) drug and/or alcohol test is positive, the employment offer may be withdrawn. I agree to work under the conditions requiring a drug-free workplace, consistent with applicable federal, state, and local law. I also understand that all employees of the location, pursuant to the Company's policy and federal, state, and local law, may be subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of alcohol or illegal or controlled drugs. If employed, I understand that the taking of alcohol and/or drug tests is a condition of employment and I agree to undergo alcohol and drug testing consistent with the Company's policies and applicable federal, state, and local law.

If employed by the Company, I understand and agree that the Company, to the extent permitted by federal, state, and local law, may exercise its right, without prior warning or notice, to conduct investigations of property (including, but not limited to, files, lockers, desks, vehicles, and computers) and, in certain circumstances, my personal property.

I understand and agree that as a condition of employment and to the extent permitted by federal, state, and local law, I may be required to sign a confidentiality, restrictive covenant, and/or conflict of interest statement.

I certify that all the information on this application, my resume, or any supporting documents I may present during any interview is and will be complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for employment or, if employed, disciplinary action, up to and including immediate dismissal.

THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE. NOTHING IN THIS APPLICATION OR IN ANY DOCUMENT OR STATEMENT, WRITTEN OR ORAL, SHALL LIMIT THE RIGHT TO TERMINATE EMPLOYMENT AT-WILL. NO OFFICER, EMPLOYEE OR REPRESENTATIVE OF THE COMPANY IS AUTHORIZED TO ENTER INTO AN AGREEMENT – EXPRESS OR IMPLIED – WITH ME OR ANY APPLICANT FOR EMPLOYMENT FOR A SPECIFIED PERIOD OF TIME UNLESS SUCH AN AGREEMENT IS IN A WRITTEN CONTRACT SIGNED BY THE CEO OR COO OF THE COMPANY. IF HIRED, I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF THE COMPANY AND I UNDERSTAND THAT THE COMPANY HAS COMPLETE DISCRETION TO MODIFY SUCH RULES AND REGULATIONS AT ANY TIME, EXCEPT THAT IT WILL NOT MODIFY ITS POLICY OF EMPLOYMENT AT-WILL.

I authorize the Company or its agents to confirm all statements contained in this application and/or resume as it relates to the position I am seeking to the extent permitted by federal, state, or local law. I agree to complete any requisite authorization forms for the background investigation which may be permitted by federal, state and/or local law.

I authorize and consent to, without reservation, any party or agency contacted by this employer to furnish the above-mentioned information. I hereby release, discharge, and hold harmless, to the extent permitted by federal, state, and local law, any party delivering information to the Company or its duly authorized representative pursuant to this authorization from any liability, claims, charges or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability the Company and its



representative for seeking such information and all other persons, corporations, or organizations furnishing such information. Further, if hired, I authorize the Company to provide truthful information concerning my employment to future employers and hold the company harmless for providing such information.

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF SIXTY (60) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE, ACCURATE, AND COMPLETE.

DO NOT SIGN UNTIL YOU HAVE READ ALL OF THE INFORMATION CONTAINED IN THE APPLICATION.

Applicant
Signature: _____

Date: _____