

HABILITATION CENTER FOR THE HANDICAPPED, INC.

APPLICATION FOR EMPLOYMENT An Equal Opportunity Employer

Please answer all questions. Resumes may be accepted with this application. Note: This application was designed for use with several types of job positions. Some questions may not be applicable to the job position you are seeking; however, we ask that you answer all questions completely.

(PLEASE PRINT)

Positions Applied For:		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Date of Application		
How did you learn about us?	<input type="checkbox"/> Advertisement <input type="checkbox"/> Walk-in	<input type="checkbox"/> Friend <input type="checkbox"/> Relative	<input type="checkbox"/> Employment Agency <input type="checkbox"/> Other _____		
Last Name		First Name		Middle Name	
Address	Number	Street	City	State	Zip Code
Telephone Number(s)					

Only U.S. Citizens or aliens who have a legal right to work in the U.S. are eligible for employment. Can you, upon employment, submit documentation verifying your legal right to work in the U.S. and your identity? Yes No

Have you ever been convicted of a felony? Yes No If yes, give dates and explain. (Attach separate sheet if necessary.)
A conviction will not necessarily disqualify you from employment. _____

Are you 18 years of age or older? Yes No

EDUCATIONAL DATA

School	Print Name, Number and Street, City, State and Zip Code for Each School	No. Of Years Completed	Degree	Major Course of Study
High School				
College				
Graduate School				
Trade School Business				
Other				

PROFESSIONAL CERTIFICATION / REGISTRATION / LICENSURE

Do you currently have a certification, registration, or license for a professional position? Yes No

If yes, please complete section below and attach a copy of the document.

Type of Certification, Registration or License	State or National	Certification, Registration or License Number	Expiration Date

Has your certificate, registration or license in any state ever been revoked or suspended? Yes No

If yes, please explain. _____

Other skills: List any other job-related skills or qualifications that support your application. _____

In order to permit a check of your work and educational records, should we be made aware of any changes of name or assumed name that you previously used? Yes No If yes, identify names and relevant dates. _____

EMPLOYMENT EXPERIENCE

ALL FORMER JOBS (List most recent job first.) Account for all time periods including unemployment, self-employment and military service. (Attach separate paper(s), if necessary.)

Employer	Dates Employed From / To
Address	
Job Title	Work Performed
Immediate Supervisor	Telephone No.
Reason for Leaving	Hourly Rate / Salary (Starting / Final)

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Address	
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Reason for Leaving	Hourly Rate / Salary (Starting / Final)

Have you ever been dismissed or forced to resign from any employment? Yes No If yes, please explain.

Do you have transportation to work? Yes No Will you work overtime if asked? Yes No

Are there any hours or days you will not work? Yes No If yes, please explain. _____

Do you have a valid Driver's License? Yes No Type: Operator's Chauffeur's Commercial
Issuing State: _____ Number: _____ Expiration Date: _____

Do you have any friends or relatives who work here? Yes No

Name _____ Relationship _____

Name _____ Relationship _____

May we contact you at place of employment? Yes No If yes, telephone number: _____

May we contact your current employer? Yes No Previous Employer? Yes No

Please identify any exceptions and reasons for not contacting previous employers: _____

Have you filed an application here before? Yes No If yes, give date: _____

Have you ever been employed here before? Yes No If yes, give dates: _____

Name at that time _____

Position _____

Occupational / Educational Goals _____

Are you a veteran of the U.S. Military Service? Yes No If yes, what branch of service? _____

Beginning date and ending date of active duty: From _____ To _____
Year/Month Year/Month

Have you had any experience and/or job related training in the United States military? Yes No

If yes, please describe: _____

NOTICE TO APPLICANTS: The Center complies with the Americans with Disabilities Act of 1990. If you require assistance in completing this application, please notify the Center's Human Resources administrator. If you provide un-requested information, your application will automatically be rejected. During the interview process, you may be asked questions related to performing the essential job duties of the position for which you have applied. If you are given a conditional offer of employment, you will be required to complete a post job-offer medical history questionnaire and medical examination. All entering employees will be subject to the same medical questionnaire and examination and all information will be kept confidential and in separate files. Payment for the required post-job-offer medical examination and background screening is your responsibility.

APPLICANT'S STATEMENT

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize the investigation of all matters contained in this application and hereby give the Center permission to contact schools, previous employers, references and others and hereby release the Center from any liability as a result of such contact. I understand that misrepresentations, omissions of facts or incomplete information requested in this application may remove me from further consideration for employment. In addition, employees who misrepresent or omit facts called for in this application may be dismissed at any time without any previous notice.

Applicants accepted for employment should clearly understand that while we make every effort to provide steady, continuous work, we have no employment contracts, and we cannot guarantee the permanence of any position. Job tenure can be affected by many factors, including business/economic conditions, changes in laws or employer policies, conformity to our work rules, job performance, etc. and, of course, employees may elect to leave on their own accord to seek other employment.

I understand that my employment with the Center is for no specific term and that no oral promise, Center policy, custom, business practice or other procedure (including the Center's Personnel Handbook) constitutes an employment contract or modification of the at-will employment relationship between the Center and me.

I understand that the contents of the Personnel Handbook, as well as other Center policies and practices, are subject to change or modification by the Center solely at its discretion, without notice. I also understand that no supervisor or other official of the Center (except its Executive Director, in writing) has the authority to enter into any agreement with me or to make any agreement contrary to the foregoing.

The Center conducts its business with the highest possible degree of safety and efficiency. Because of this, I understand that employees under the influence of alcohol or chemical substances during working hours may be immediately discharged. I further understand that all employees of the Center are subject to blood tests or urinalysis screenings for drug or alcohol use. Failure to submit to same will result in immediate discharge. The Center adheres to the rules of a Drug Free Workplace pursuant to Florida Statutes 440.101 and 440.102.

This application will be retained for one (1) year. Any applicant wishing to be considered for employment beyond this period should reapply.

Signature _____ Date _____

The Center is an equal opportunity employer. The Center adheres to a policy of making employment decisions without regard to race, color, age, sex, religion, national origin, handicap or marital status. The Center assures you that your opportunity for employment with the Center depends solely upon qualifications.
