

APPLICATION FOR EMPLOYMENT

Equal access to employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Name _____

Last First Middle

Address _____

Street City State Zip

Telephone # _____ Cell # _____ Email _____

Position _____

Referral Source: (Please check all that apply): Walk in Advertisement Indeed Career Source

Employee Referral: (Name) _____

Best time to call you _____ AM PM

Have you submitted an application here before? YES NO

Have you ever been employed here before? YES NO If yes, please supply dates: _____

Are you legally eligible for employment in this country? YES NO

Date available for work _____

What is your desired salary range or hourly rate of pay? \$ _____ Per _____

Type of employment desired: Full Time YES NO Part Time YES NO

Are you willing to drive to: FWB Niceville Destin Crestview Sandestin

Driver's License # _____ State _____

If they have been explained to you, are you able to meet the attendance requirements of the position? N/A YES NO

Will you work overtime if required? YES NO Are you able to perform the functions of the job for which you are applying? YES NO Need more information

Have you ever been bonded? YES NO

Have you ever pleaded "guilty" or "no contest" to or been convicted of a crime? YES NO If yes, please provide date and details: _____

Have you ever been a defendant in a civil action for an intentional tort (e.g., a civil charge for assault, battery, intentional infliction of emotional distress, false imprisonment, wrongful death, etc.) YES NO If yes, please provide nature of the tort and disposition of the matter (How it was resolved)? _____

Have you entered into an agreement with any former employer or other party (such as a non-competition agreement) that might, in any way, restrict your ability to work for our company? YES NO If yes, please

explain: _____

AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT HISTORY

Starting with your most recent employer, provide the following information.

Employer	Telephone # ()	Dates Employed Mo Yr to Mo Yr
Street Address	City	State
		Compensation (Starting)
Starting Job Title/ Final Job Title		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ Per
Immediate Supervisor and Title (For most immediate job held)	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Compensation (Final)
Why did you leave?		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ Per
Summarize your job duties:		
What did you like most about your job?		
What did you like least about your job?		

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EMPLOYMENT HISTORY (continued)

Explain any gaps in your employment history: _____

Have you ever been fired or asked to resign from a job? Yes No If yes, please explain: _____

SKILLS and Qualifications

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying: _____

Educational Background

Starting with your most recent school attended, provide the following information:

School (include City and State)	Years Completed	Completed	GPA	Major/Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certificate _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certificate _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certificate _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certificate _____ <input type="checkbox"/> Other _____		

References

List names and telephone numbers of three business work references who are not related to you and are not previous supervisors.

Name	Relationship	Telephone	Email	# of years known

Social Security Number

SS# _____ - _____ - _____ WE WILL USE THIS INFORMATION ONLY FOR EMPLOYMENT PURPOSES AND MAKE REASONABLE EFFORTS TO SAFEGUARD YOUR PRIVACY.

Related Information

List special accomplishments, publication, awards, etc.

Exclude information that would reveal race, color, religion, sex, national origin, genetic information citizenship, age, mental or physical disabilities, veteran's reserve national guard or any other similarly protected status.

In your current or prior job, have you ever written instructions or directions to be followed by employees or customers?

Yes No Not Applicable If yes, please explain: _____

Is there any other job-related information you want us to know about you? _____

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (Personal and/or Professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from compilation for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that is implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I understand that if I am hired, my employment will be subject to a probationary period, which ordinarily will not exceed 50 days from the date I am hired. If I am discharged at any time during the probationary period for unsatisfactory performances, I understand that this employer will not be charged for any unemployment benefits that may be paid to me for work I performed during the probationary period.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

This Company does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an application consideration for employment on the basis of his or her sex, race, color, religion, national origin, genetic information, citizenship, age, disability, or any other protected status under applicable federal, state, or local laws. This Company likewise does not tolerate harassment based on sex, race, color, religion, national origin, genetic offensive gestures, unwelcome comments, jokes, epithets, threats, insults, name-calling, negative stereotyping, possession or display of derogatory pictures or other graphic material and any other words or conduct that demean, stigmatize, intimidate, or single out a person because of his/her membership in a protected category. Harassment of our employees is strictly prohibited, whether it is committed by a manager, coworker, subordinate, or non-employee (such as a vendor or customer). The Company takes all complaints of harassment seriously and all complaints will be investigated promptly and thoroughly.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ Date _____

EMPLOYEE REFERENCE REQUEST

Section 1 to be filled out by employee (Please print legibly)

RELEASE

I, _____ (employee), hereby authorize all former employers to release any and all references and records related to my past employment and work history to Elder Services of Okaloosa County/Alternative Living, Inc. I release and forever discharge my former employers and prospective employer of any and all claims related to this Employee Reference Request and any related exchange of records or other communications related to my past employment.

Signature	Date	Social Security #
Printed Name (Last, First, MI)		

Section 2 to be filled out by Employer only

Employer, please answer the following questions as thoroughly as possible regarding the above named individual and their employment with your company

Former Employer/Company Name:		
Start Date:	End Date:	Final Position/Title:
Reason for leaving:		
Is this individual eligible for rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain:		
Other Comments:		
Name of Employer Representative:		Title:
Signature:		Date:
Printed Name of Person Conducting Check:		Title: