



Health Council of South Florida, Inc.

APPLICATION FOR EMPLOYMENT

This employer is an equal opportunity employer. It is our policy to review and judge each qualified applicant without regard to age, sex, race, color, national origin, creed, disability or marital status in compliance with all Federal laws.

Please print clearly and complete all questions in detail. All information will be treated confidentially. Include any supplemental information which you feel would be helpful in considering your qualifications. Resumes are not accepted in lieu of completion of this application.

PLEASE PRINT

Position Applied For: _____	<input type="checkbox"/> Full Time	Salary Desired: _____
Date Available: _____	<input type="checkbox"/> Part Time	

PERSONAL			
NAME: _____	_____	_____	Social Security #: _____
	Last	First	Initial
ADDRESS: _____	_____	_____	Home Telephone No. _____
	Number	Street	
_____	_____	_____	Mobile Telephone No. _____
	City	State	Zip Code
Are you legally entitled to work in the USA? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No (If under 18, please state your age: _____)			
Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state the court, nature of offense, disposition of case and date:			
(A conviction will not necessarily disqualify you from employment)			
How long have you lived in Florida? _____		How long at present address? _____	
Previous address: _____		How long at previous address: _____	

EDUCATION

HIGH SCHOOL:

Name and Location: _____

Mo/Yr Attended: _____ to _____

Degrees Received or Expected & Dates: _____



Health Council of South Florida, Inc.

COLLEGE/UNIVERSITY:

Name and Location: _____

Mo/Yr Attended: _____ to _____

Degrees Received or Expected & Dates: _____

OTHER:

Name and Location: _____

Mo/Yr Attended: _____ to _____

Degrees Received or Expected & Dates: _____

CONTINUING EDUCATION:

Present: _____ Future: _____

Honors and/or Scholarships: _____

Special Skills and Qualifications:

Typing _____ wpm

Foreign Languages (please specify)

Shorthand _____ wpm

Computer Skills Access Word Excel

Other: _____

May we contact your present employer? Yes No Previous employer? Yes No

Please identify any exceptions and reasons for not contacting prior employers:



Health Council of South Florida, Inc.

REFERENCES Give names of three persons, NOT RELATIVES, who have known you for several years.

Name	Telephone No.	Occupation
_____	_____	_____
_____	_____	_____
_____	_____	_____

MILITARY SERVICE

Branch of Service _____ From _____ To _____

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

EMPLOYMENT

Account for all employment and unemployment during the past 10 years. Start with recent employer and work back in time. If you do not have enough space, you may give more complete and detailed information on a separate sheet of paper. Accuracy of dates and addresses is essential.

Dates	Name & Address of Employer	Salary	Duties
From ____/____ To ____/____	Name: _____ Address: _____ _____ Tele. No. _____ Supervisor Name: _____ Title: _____	Lowest \$ _____ per _____ Last \$ _____ per _____	Title: _____ Duties: _____ Reason for Leaving: _____
From ____/____ To ____/____	Name: _____ Address: _____ _____ Tele. No. _____ Supervisor Name: _____ Title: _____	Lowest \$ _____ per _____ Last \$ _____ per _____	Title: _____ Duties: _____ Reason for Leaving: _____
From ____/____ To ____/____	Name: _____ Address: _____ _____ Tele. No. _____ Supervisor Name: _____ Title: _____	Lowest \$ _____ per _____	Title: _____ Duties: _____



Health Council of South Florida, Inc.

<p>____/____</p>	<p>Tele. No. _____ Supervisor Name: _____ Title: _____</p>	<p>Last \$ _____ per _____</p>	<p>Reason for Leaving:</p>
<p>From ____/____ To ____/____</p>	<p>Name: _____ Address: _____ _____ Tele. No. _____ Supervisor Name: _____ Title: _____</p>	<p>Lowest \$ _____ per _____ Last \$ _____ per _____</p>	<p>Title: _____ Duties: Reason for Leaving:</p>



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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 answers contained in this application and hereby give the Employer permission to contact schools, previous employers, references and release the Employer 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, if employed, any misrepresentations or omissions of facts called for in this application will be cause for dismissal 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.

As a Drug Free Workplace, all applicants offered conditional job offers are required to undergo urinalysis and/or breathalyzer alcohol and drug screening, as a portion of our post-job offer physical examination. In addition, all employees are subject to breathalyzer and urinalysis screening for drug and/or alcohol use as required.

This application will remain active for thirty (30) days. Any applicant wishing to be considered for employment beyond thirty days should inquire as to whether applications are being accepted at that time and reapply if applicable.

Signature _____

Date _____