

**Application for Employmen**t

## **Today’s date \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

## ***Please Print***

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Application Date: \_\_\_\_\_\_\_\_\_

Present Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alt Phone: ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been employed by the School Board of Martin County? Yes No

Have you ever worked for the School Board of Martin County under a different name?

Yes No If yes, name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When are you available to start work? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you eligible to work in the United States? Yes No

Check positions for which applying in order of preference by sequence (1,2,3, etc.)

\_\_\_ Full Time \_\_\_ Part Time \_\_\_ Aftercare

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Name and Location of School** | **Course of Study** | **Number of years completed** | **Did you graduate?****Date** | **Degree of Diploma** |
| **High School/Trade School** |  |  |  |  |  |
| **Vocational/****Technical****School** |  |  |  |  |  |
| **College/****University** |  |  |  |  |  |

The Hope Center is required by law to conduct a criminal background check on every new employee. Please note that disclosure of prior criminal history will not automatically bar employment. However, if this section is not truthfully completed, you may be recommended for dismissal from employment, regardless of when falsification is determined.

# **Arrest/Revocation Record**

Have you ever been convicted, found guilty, entered a plea of nolo contendere (no contest), or had adjudication withheld in a criminal offense other then a minor traffic violation (DUI is not a minor traffic violation); or are there any criminal charges now pending against you? **Yes No**

Sealed or expunged records must be reported pursuant to s.943.058, FS. Failure to answer this question accurately could cause denial of employment. **A Yes or No answer is required by Florida Law.** If you check the Yes box, you must give information for each charge. Please attach a separate piece of paper if you need more space.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **City Where Arrested** | **State** | **Date of Arrest** | **Charge(s)** | **Dispositions** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Have you ever been convicted of a crime or received a penalty from a judge or another law enforcement agency? Yes No

Has a penalty or conviction ever been withheld or delayed or has probation been required as the result of your being arrested? Yes No

Do you currently have charges pending as a result of an arrest? Yes No

Has your driver’s license ever been suspended or revoked? Yes No

Have you been found guilty of a traffic violation or infraction in the last 5 years?

 Yes No

Do you have a valid Florida Driver’s License? Yes No

Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is the employment status with your last or current employer?

🞎Employed 🞎Resigned 🞎Terminated 🞎On Leave 🞎Suspended 🞎Furloughed

### **Employment History**

Please give accurate, complete full-time employment history for the past three years.

1. Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employment Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_

Job Title and Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ending Salary: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reason for Leaving: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employment Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_

Job Title and Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ending Salary: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reason for Leaving: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employment Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_

Job Title and Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ending Salary: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reason for Leaving: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **References**

Three references will be required for any candidate to be eligible for employment. Please identify 3 references for The Hope Center to contact. Please alert your references to the possibility of a reference check phone call.

***🞎Please do NOT contact my current employer.***

Reference 1

Reference name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of reference: 🞎Personal 🞎 Professional

Reference 2

Reference name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of reference: 🞎Personal 🞎 Professional

Reference 3

Reference name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of reference: 🞎Personal 🞎 Professional

**Non-Discrimination Notice**

The Hope Center complies with and fully supports the Americans With Disabilities Act. We will make reasonable accommodations to any impairment an applicant might have that would make it difficult for that applicant to apply for employment with us. Each applicant will be evaluated on the basis of his/her ability, and no one asking for such accommodations will be discriminated against in any way.

It is the policy of The Hope Center not to discriminate on the basis of religion, race, national origin, color, sex, age, marital status, parental status, or handicap. Discrimination is prohibited in the recruiting, hiring, assigning, promoting, paying, demoting or the dismissing of employees of The Hope Center. Applicants for employment who feel they have been discriminated against may follow the grievance procedure listed in The Hope Center Policies and Procedures.

It is the policy of The Hope Center to provide a workplace free from tensions created by harassing remarks about one’s ethnic background, religion, race, sex, marital status, age or disability. Although we have a separate policy on sexual harassment, we restate that no sexual harassment will be tolerated in this company. Anyone engaging in harassment who is in violation of this policy will be subject to severe disciplinary measures up to, and including, termination for the first offense. Violations of this policy should be immediately reported to your supervisor or the Director. No one will be retaliated against for reporting a violation of this policy or for exercising any other rights accorded by law.

# **Agreement**

I certify that I have answered each and every section of this application truthfully and completely. I understand that any incomplete or false information on this application may be just cause for rejection of my application for employment or dismissal in the event this application results in my employment. If employed, I agree to abide by the rules and regulations as set forth by The Hope Center as necessary to the proper conduct of its business.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signed Date