

Tampa Bay Academy of Hope



APPLICATION FOR EMPLOYMENT

We consider applications for all positions without regard to race, color, religion, sex, national origin, age, sexual preference, marital or veteran status, the presence of a non-job related medical condition or disability, or any other legally protected status.

INSTRUCTIONS:

All applications for employment must be completed in ink on an original application form. Please refrain from including extraneous information. You must provide all information requested to be considered for employment.

(PLEASE PRINT)

Position (s) Applied For _____ Date of Application _____

How Did You Learn About Us? Advertisement Friend Walk-In
 Employment Agency Friend Other

Last Name _____ First Name _____ Middle Name _____

Address _____

City _____ State _____ Zip _____

Telephone Number(s) _____ Social Security Number _____ / _____ / _____

Have you ever filed an application with us before: Yes No If Yes, give date _____

Have you ever worked with us before: Yes No If Yes, give date _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No
Proof of citizenship or immigration status will be required upon employment.

On what date are you available for work? _____

Can you travel if a job requires it? Yes No

Current work schedule? Full Time Part Time Temporary

Have you been convicted of a felony within the last 7 years? Yes No
Conviction will not necessarily disqualify an applicant from employment.

If Yes, please explain _____

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No **DOB:** _____

Education

School Name and Location	High School				Vocational/Business School				Undergraduate College/University				Graduate/Professional			
	9	10	11	12	1	2	3	4	1	2	3	4	1	2	3	4
Years Completed																
Diploma/Degree																
Major																

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

1

Employer _____ Dates Employed: From _____ To _____

Address _____

Telephone Number (s) _____ Salary: _____

Job Title _____ Supervisor _____

Reason for Leaving _____

Work Performed _____

2

Employer _____ Dates Employed: From _____ To _____

Address _____

Telephone Number (s) _____ Salary: _____

Job Title _____ Supervisor _____

Reason for Leaving _____

Work Performed _____

3

Employer _____ Dates Employed: From _____ To _____

Address _____

Telephone Number (s) _____ Salary: _____

Job Title _____ Supervisor _____

Reason for Leaving _____

Work Performed _____

Work Related References

Give name, address and telephone number of three work-related references. That is, previous employers and/or supervisors.

1. _____
2. _____
3. _____

Have you ever had any job related training in the United States military? Yes No

If Yes, please describe _____

Proficiencies - Check any below that you have experience or training

- Typing Word Proc. Shorthand Dictaphone Computer Program
 Cust. Serv. Clerical Accounting Switchboard Order Entry
 Other (Specify) _____

List Computer Models/Operating Systems _____

List Computer Languages _____

All Data Processing Telecommunications Equipment _____

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications

Summarize special job-related skills and qualification acquired from employment or other experience.

Additional Inquiries Concerning Employment History

1. In order to permit a check of your work and education records, should we be made aware of any change of name or assumed name that you have previously used? Yes No

If yes, identify name(s) and relevant dates.

2. Have you ever been dismissed or forced to resign from any employment? Yes No
An affirmative answer is not an automatic bar to employment.

If yes, please explain: _____

AS AN APPLICANT YOU AGREE TO AND UNDERSTAND THE FOLLOWING

I hereby affirm that the information provided in this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me and may be considered sufficient justification for dismissal if discovered at a later date.

I authorize a thorough investigation, and agree to cooperate in such investigation, of my past employment and activities. I agree to release, from all liabilities or responsibilities, all persons and corporations requesting or supplying such information. I further authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the job for which I am being considered or any future job in the event that I am hired.

I understand that if employed, my employment is for no definite period of time and that I may terminate my employment relationship with the company at any time, for any reason, and that the company has the same right. I also understand that no management official other than the president of the company has any authority to enter into any agreement contrary to the foregoing or make any assurance or promise of continued employment.

If employment is obtained under this application, I will comply with all rules and regulations of the company. I agree to be responsible for company property and equipment issued to me by the company until returned to the company.

I hereby agree to submit to any lawful drug, alcohol, or integrity testing that may be required as a condition of employment or continued employment and understand that refusal to submit to such testing during the course of my employment may result in disciplinary action, up to and including termination.

I understand that according to federal law all individual must, as a condition of employment, produce certain documentation to verify their identity as a U.S. Citizen or, if aliens, their legal authorization to work in the U.S.A. As a result, I understand that offer of employment would be contingent upon my ability to produce the required documentation within the time period required by law.

Signature of Applicant

Date

CONSENT, AUTHORIZATION, RELEASE AND HOLD HARMLESS

I, _____, of _____ (residence), desiring to obtain employment with this company, do hereby consent to and authorize this company and/or any representative of Active Screening or Florida DJJ, to obtain, verify and exchange information on any reports concerning me as are maintained by, but not limited to City, County, State, Federal Law Enforcement Agencies, Education Institutions, Credit Reporting Agencies, present and/or past employers including but not limited to present and/or past salary verification, present and/or past residences. I understand that any information obtained may be considered by this company and/or any representative of Active Screening Corporation, in their sole discretion, as a factor in decisions they make, with respect to the employment for which I am applying.

Furthermore, I hereby release and hold harmless; agents, owners and affiliates of, but not limited to; their officers, directors, employees including but not limited to present and/or past salary verification, agents, Law Enforcement Agencies, Educational Institutions, Credit Reporting Agencies, present and/or past employers, present and/or past residences, its officers and employees that shall provide information to this company and/or any representative of Active Screening Corporation, upon request, from and against any and all claim demands, suits or expenses arising from or related to the content, validity or handling of said reports.

Witness _____ Applicant _____

Date _____ Date _____

FOR HUMAN RESOURCE DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks _____

Interview _____ Date _____

INTRODUCTORY PERIOD 180 DAYS

Employed Yes No Date of Employment _____

Department _____

Salary Exempt \$ _____

Salary Non-Exempt \$ _____

Hourly Non-Exempt \$ _____

Job Title _____