

Application for Employment

PLEASE PRINT



Life Management Center
Of Northwest Florida Inc.

Panama City, Florida 32405
(850) 522-4485

Job Code Number(s) _____

Position(s) Applied For: _____

Date of Application: _____

E-mail address: _____

Referral Source: Advertisement Employee Relative Government Employment Agency
 Walk-in Private Employment Agency Other _____
Name of Source (If Applicable) _____

Name: _____
(Last) (First) (Middle)

Address: _____
(Street) (City) (State) (Zip Code)

Telephone Number: _____ - _____ - _____
(Area Code) Social Security Number

If necessary, best time to call you at home is: _____

May we contact you at work? Yes No

If yes, work number and best time to call () : AM PM

If you are under 18, can you furnish a work permit? Yes No

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 From / / To / /

Are you legally eligible for employment in this country? Yes No
(Proof of U.S. citizenship or immigration status will be required upon employment.)

Date available for work / /

Type of employment desired: Full Time Part Time Temporary Seasonal Educational Co-Op

Are you on lay-off and subject to recall? Yes No

Will you relocate if job requires it? Yes No Will you travel if job requires it? Yes No

Are you able to meet the attendance requirements of the position? Yes No

Will you work overtime if required? Yes No

Have you ever been bonded? Yes No

Have you been convicted of a crime other than minor traffic violations? Yes No
(Such conviction may be relevant if job related, but does not automatically bar you from employment. Answer "Yes" and explain if you have been convicted of a crime other than minor traffic violations, even if you think the record of the conviction has been sealed, expunged, or otherwise will not be revealed in a record check.)

If YES, please explain: _____

Driver's license number (if required by job) _____ State: _____

Professional license(s), if any. (Give license number and explain type.) _____

WE TEST TO KEEP OUR WORKPLACE DRUG-FREE
WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Employment History

List your last four (4) employers, assignments or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in comments section below.

Employer Telephone () -	Dates Employed		Summarize the nature of the work performed and job responsibilities:
	From	To	
Address			
Job Title	Hourly Rate/Salary		
	Starting		
Immediate Supervisor and Title	\$	Per	
Reason for Leaving	Hourly Rate/Salary		
	Final		
	\$	Per	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			
Employer Telephone () -	Dates Employed		Summarize the nature of the work performed and job responsibilities:
	From	To	
Address			
Job Title	Hourly Rate/Salary		
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Immediate Supervisor and Title	\$	Per	
Reason for Leaving	Hourly Rate/Salary		
	Final		
	\$	Per	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			

Comments (including explanation of any gaps in employment)

Skills and Qualifications Summarize special skills and qualifications acquired from employment or other experiences that may qualify you to work with our company.

Educational Background

A. List last three (3) schools attended, *starting with last one*. B. List number of years completed. C. Indicate degree or diploma earned, if any. D. Grade Point Average or Class Rank and E. major and minor field of study (if applicable).

A. School	B. Number Years Completed	C. Degree Diploma	D. GPA or Class Rank	E. Major	E. Minor

List any foreign language(s) and check the box that best describes your skill level.

Language	Read and Write	Read and Speak	Read Only	Speak Only

References

List name and telephone number of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal reference who are not related to you.

Name	Telephone	Years Known
	() -	
	() -	
	() -	

List professional, trade, business, or civic associations and any offices held. (Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability or other protected status.)

Organization	Offices Held

List special accomplishments, publications, awards. (Exclude information which would reveal sex, race, religion, national origin, age, color, disability or other protected status.)

List any additional information you would like us to consider _____

It is understood and agreed upon that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed. Furthermore, I understand that just as I am free to resign at any time, the Employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the Employer has the authority to make any assurances to the contrary.

I give the Employer the right to investigate all references and secure additional information about me, if job related. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

The Employer is an Equal Opportunity Employer. The Employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the Employer and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand that all final applicants are subject to pre-employment drug testing.

Signature of Applicant _____ Date ____ / ____ / ____

Voluntary Affirmative Action Information

(Completion of information below is voluntary.)

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, veteran status or any other legally protected status.

Date ____ / ____ / ____

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As required, we comply with government regulations including Affirmative Action obligations where they apply.

In an effort to comply with requirements regarding government record keeping, reporting, and other legal obligations, we ask that you complete this applicant data survey. Your cooperation is appreciated.

Please be advised that your survey is not a part of your official application for employment. It is considered confidential information that will not be used in any hiring decision.

Check one: Male Female

Check one of the following Race/Ethnic Group:

Hispanic Black White American Indian/Alaskan Native Asian/Pacific Islander

**To be completed by applicant – Not for interview purposes – To be filed separately from application.
This information is used to satisfy the Affirmative Action requirements of Section 503 of the
Rehabilitation Act or necessitated by another federal law or regulation.**