



2006 NE 8th Road, Ocala, FL 34470

352 622 9593

Fax 352 351 8213

EMPLOYMENT APPLICATION

Today's Date _____

BACKGROUND CHECKS – You will **not** be considered for employment if you have been convicted of any felony or of a misdemeanor involving perjury or a false statement, or have received a dishonorable discharge from any of the Armed Forces of the United States. Any person who, after July 1, 1981, pleads guilty to nolo contendere or is found guilty of a felony or of a misdemeanor involving perjury or a false statement shall not be eligible for employment or appointment as an officer, notwithstanding suspension of sentence or withholding of adjudication.

Resumes are not accepted in lieu of completion of this application.

Have you ever been arrested? Yes _____ No _____ If yes please explain why and date of arrest.

NOTE: This application was designed to use with several types of job positions. Some questions may not be completely applicable to the job position you are seeking, however, we ask that you answer all questions.

PERSONAL INFORMATION

Birth Date: _____ Gender _____

Print name exactly as it appears on your Social Security Card

Name _____

Address _____

How long have you lived at this address? _____

Home Phone _____ Cell Phone _____

Email Address _____ Social Security # _____

Have you ever been terminated or requested to resign? Yes ___ No ___ If Yes Explain.



Have you ever been injured at the workplace? Yes ___ No ___ If Yes Explain

Do you have a physical limitation which would affect your work? Yes ___ No ___ If Yes Explain

EMPLOYMENT INTERESTS

Position Applied For _____

Date Available _____ Full time _____ Part time _____

Were you referred by someone? _____

Are you related to anyone currently working at the center? _____

EDUCATION

High School _____ Diploma _____ GED _____

Address _____

College _____ Degree _____

Address _____



Technical / Trade School _____ Area of Study _____

Address _____

SKILLS

Typing Speed WPM _____ 10 Key Touch Yes _____ No _____

Are you fluent in a language other than English? _____

PC Skills & Software Used

Other Skills

Special Training or Certifications

Do you have any skills which you feel especially qualify you to work at the Re-Entry Center?



DRIVER'S LICENSE

Driver's License Number _____ State Issued _____ Expiration Date _____

Restrictions _____ Endorsements _____

ADDITIONAL COMMENTS YOU WOULD LIKE TO MAKE

Staff Notes



EMPLOYMENT INFORMATION

List the most *relevant* employment history to the position for which you are applying.

Company Name _____

From _____ To _____ Phone _____

Address _____

Job Title _____ Supervisor _____

Duties _____

Reason for Leaving _____

Company Name _____

From _____ To _____ Phone _____

Address _____

Job Title _____ Supervisor _____

Duties _____

Reason for Leaving _____



Company Name _____

From _____ To _____ Phone _____

Address _____

Job Title _____ Supervisor _____

Duties _____

Reason for Leaving _____

ACKNOWLEDGEMENTS

Read carefully & initial each item & sign below

- The contents of the Employee Manual, the Operations Handbook, as well as other Employer policies and practices, are subject to change or modification by the Employer, solely at its discretion, without notice. I also understand that no supervisor or other official of the Employer, except the Director in writing, has the authority to enter into any agreement with me or to make any agreement contrary to the foregoing.
- I authorize any person, school, current employer (except as expressly noted), past employers, and organizations named in this application form (and any accompanying resume or documentation) to provide the Company with relevant information and opinion, personal or otherwise, that may be useful in making a hiring decision. I release all parties from all liability for any damage that may result from furnishing information and opinion to Re-Entry Center of Ocala.
- In consideration of employment, I agree to obey the rules and standards of the Company. I understand that nothing contained in this application or in the interview process is intended to create a contract between the Company and myself for either employment or for the providing of my benefits
- I understand that as a condition of employment I may be required to take a post-offer / pre-employment alcohol / drug test. I further understand that at any time during my employment, I may be required to take an alcohol / drug test if management reasonably suspects a condition exists that will prevent me from performing my job in a manner that does not endanger my own health or the safety and health or safety of others. I also understand that I will be required to submit to a post accident alcohol / drug test for any work related accidents or injuries.
- I understand that as a condition of my employment I will be required to participate in a TB test annually. This test will be at the Company's expense unless I fail to have the test done, or fail to return to the health provider for the test results. If I do not have the TB test done in a timely manner, I will be given 5 days to have the test done at my own expense, before my termination.



- I hereby acknowledge that I have read the above statements and understand them. I certify that, I the undersigned applicant have personally completed this application. I declare that the facts contained in the application, or any supporting documents submitted are true and complete to the best of my knowledge. I understand that any misrepresentations or omission will disqualify me from further consideration for employment.
- All applicants

Signature

Date