

Application for Employment

PLEASE PRINT



525 East 15th Street
Panama City, Florida 32405
(850) 522-4485
Submit by email to: hrdept@lmccares.org
www.lmccares.org

Reference Job Code(s) _____
Position(s) Applied For _____
Date of Application: _____ E-mail Address: _____
Referral Source: Workforce Center Employee University Newspaper: _____
 Monster.com Online Newspaper: _____ Other _____
Name of Source (If Applicable) _____

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

Current Address: _____ Previous Address: _____
(Street) City (State) (Zip) (Street) (City) (State) (Zip)

How long have you lived at your present address? _____ How long had you lived at your previous address? _____

Telephone Number: _____

If necessary, the best time to call you at home is: Morning Afternoon Evening Any
May we contact you at work? Yes No
If yes, Work Number: _____ 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 Internship Educational Co-Op Volunteer
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
Have you ever been bonded? Yes No
Have you ever pled guilty or "no contest" to a crime, been convicted of a crime, had adjudication withheld, prosecution deferred or do you have any criminal charges pending? 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 give date and details (below) of each (attached additional pages as needed): _____ Date: _____

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

Life Management Center is an equal opportunity employer and does not discriminate because of race, color, religion, gender, age, citizenship, marital status, sexual orientation, sexual identification, disability, or national origin.

Smoke and Tobacco Free Workplace for Staff - Starting January 2019

Employment History (Do not refer to resume)

Starting with the most recent, list your employers, assignments, volunteer activities, or military experience going back for AT LEAST the most recent seven (7) years.

Explain any gaps in employment in comments section below. Please use an additional page(s) if necessary.

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				
Reason for Leaving		Hourly Rate/Salary		
		Final		
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		
		Starting		
Immediate Supervisor and Title				
Reason for Leaving		Hourly Rate/Salary		
		Final		
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later				
		From	To	
Address				
Job Title		Hourly Rate/Salary		
		Starting		
Immediate Supervisor and Title				
Reason for Leaving		Hourly Rate/Salary		
		Final		
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		
		Starting		
Immediate Supervisor and Title				
Reason for Leaving		Hourly Rate/Salary		
		Final		
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later				

Comments (Please fully explain any gaps in employment):

Have you ever been fired? Yes No Please explain: _____

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 the most recent. **B)** List number of years completed. **C)** Indicate degree or diploma earned, if any. **D)** Grand Point Average or Class Rank and **E1)** and **E2)** Major/Minor field of study (if applicable).

A)	School	B) Years Completed	C) Degree/Diploma	D) GPA/Class Rank	E1) Major	E2) Minor
1						
2						
3						

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
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

References (No relatives)

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

I Hereby Certify that all of the information that I have provided in this application is true and accurate.

Signature of Applicant _____ Date: _____

EQUAL OPPORTUNITY EMPLOYER APPLICANT'S STATEMENT

I understand that if I am hired, my employment will be for no definite period, regardless of the period of payment of my wages. I further understand that I have the right to terminate my employment at will at any time with or without notice or reason, and the Company has the same right. No one other than the Executive Director of the Company has authority to modify this relationship or make any agreement to the contrary. Any such modification or agreement must be in writing.

I understand that the Company reserves the right to require me to submit to a drug test at any time and also reserves the right to require me to submit to an alcohol test and/or medical examination to the extent permitted by law. I further understand that the Company may contact my previous employers and I authorize those employers to disclose to the Company all records and other information pertinent to my employment with them. I release my previous employers from any liability as a result of their disclosure of information about me to the Company. I also authorize the Company to provide truthful information concerning my employment with it to my future prospective employers and I agree to hold it harmless for providing such information.

I further understand that if employed I will be on a 90-day introductory period, and that termination for unsatisfactory performance during that period will not result in any Company responsibility for unemployment benefits. I further understand that completion of the introductory period does not confer any expectation of continued employment, and that if employed, my employment will be for no definite period and "at-will."

By signing this application, I certify that all of the information that I provide on this application and in any interview will be true, complete and accurate. I understand that if I am employed and any such information is later found to be false or misleading in any respect, I will be dismissed.

I certify that I have received a written notification that the Company may obtain a consumer report or reports on me. I authorize this Company to obtain such a report or reports for use in connection with my application for employment and for other employment-related reasons. If hired, this authorization shall remain on file and serve as ongoing authorization for procurement of employment-related consumer reports at any time during my employment. I understand that the term "consumer report" includes, but is not limited to, credit checks, criminal background checks, Department of Motor Vehicle reports, and investigative consumer reports. I authorize the Company to conduct electronic inquiry related to my background, including review of all social networking sites and to make adverse decisions as a result of such inquiries. I further understand that the term "investigative consumer report" means a report in which information on my character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with my neighbors, friends, or associates, or with others with whom I am acquainted or who may have knowledge concerning any such items of information.

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: _____

Position(s) applied for: _____

Job Code Reference Number(s): _____

Referral Source: Advertisement Employee Relative Government Employment Agency
 Walk-in Private Employment Agency Other _____

Name of Source (If Applicable): _____

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:

<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Black or African American	<input type="checkbox"/> White	<input type="checkbox"/> Native American or Alaskan Native
<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> Two or More Races	

**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.**