

Please print LEGIBLY in black or blue ink only.

PLEASE COMPLETE PAGES 1-4. DATE _____

Name _____
Last First Middle Maiden

Present address _____
Number Street City State Zip

How long at present address? _____ Social Security No. _____ - _____ - _____

Telephone (_____) _____

If under 18, please list age _____

Position applied for (1) _____ Days/hours available to work
 and salary desired (2) _____
 (Be specific) No Pref _____ Thur _____
 Mon _____ Fri _____
 Tue _____ Sat _____
 Wed _____ Sun _____

How many hours can you work weekly? _____ Can you work nights? _____

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

Date available to start work? _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A FELONY? No Yes

If yes, please explain. _____

DO YOU HAVE A DRIVER'S LICENSE? Yes No

What is your means of transportation to work? _____

Driver's license number _____ State of issue _____ Operator Commercial (CDL) Chauffeur

Expiration date _____

Have you had any accidents during the past three years? Yes No How many? _____

Have you had any moving violations during the past three years? Yes No How many? _____

PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE

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Military

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? Yes No

Specialty _____ Date Entered _____ Discharge Date _____

References

Please list two references other than relatives or previous employers.

Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Address _____	Address _____
_____	_____
Telephone (_____) _____	Telephone (_____) _____
Email _____	Email _____

Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

**PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE**

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Work Experience Please list your work experience for the **past five years** beginning with your most recent job held.
If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

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May we contact your present employer? Yes No

Did you complete this application yourself? Yes No

If not, who did? _____

AGREEMENT (PLEASE READ CAREFULLY BEFORE SIGNING)

I certify that all the information on this application is accurate and complete to the best of my knowledge, and I understand that misleading or false statements will constitute sufficient cause for refusal of hire or termination of my employment.

I understand that neither the acceptance of this application nor the subsequent entry into any type of employment relationship with Palm Harbor Community Services Agency creates an actual or implied contract of employment. I understand that, if I accept employment with Palm Harbor Community Services Agency, it will be on an at-will basis. This means that either Palm Harbor Community Services Agency or I have the right to terminate the employment relationship at any time, for any reason, with or without cause.

I agree to submit to drug and alcohol testing, if requested by Palm Harbor Community Services Agency. I release Palm Harbor Community Services Agency, and its employees, plus other persons or companies, from any and all liability arising out of, or related in any way, to such testing.

I authorize Palm Harbor Community Services Agency to investigate information concerning my education, employment experiences and all other aspects of my background relevant to my proposed employment. I release Palm Harbor Community Services Agency and its employees from all liability arising from such investigation.

Signature of applicant _____ **Date:** _____

Palm Harbor Community Services Agency is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with Palm Harbor Community Services Agency depends solely on your qualifications.