

North Florida Women's Care
1401 Centerville Road, P.O.B., Suite 202 • Tallahassee, FL 32308
Human Resources • (850) 877-7241

APPLICATION FOR EMPLOYMENT
“An Equal Opportunity Employer”

Date: _____

NOTE: All statements made by applicants for employment on this application form will be checked for accuracy. We offer equal employment opportunities to all persons without regard to race, color, religion, age, marital or veteran status, sex, national origin, disability, or any other legally protected status. Please fill out application completely.

PERSONAL INFORMATION
(Please print or type)

Name: _____
Last First Middle

If previously employed under a different name, please indicate: _____
Last First Middle

Social Security Number: _____ Position applied for: _____

This application is for: Full Time Part-time Date of Birth: _____

Will you accept employment involving overtime? Yes No

Date available for work: _____ Minimum pay acceptable: \$ _____
Month Day Year

Present Address: _____
Street Route Box Number

City State Zip Code

Telephone: Home: _____ Mobile: _____

E-mail Address: _____

If you are not a US citizen, do you possess an Alien Registration Card which you would provide if employed? Yes No

Military Service: Are you a veteran? Yes No Dates of service: _____ to _____

Note: Please list job duties, duty station and other information in the spaces provided for employment information and include your DD 214.

EDUCATIONAL INFORMATION

High School _____ Select highest school year completed:
Name Location 8 9 10 11 12

Education Beyond High School	Name and Location	Attended From Month/Year	Attended To Month/Year	Select Number of Years Completed	Credit Hours	Degree or Diploma	Major Subject
College or University				1 2 3 4	1 2 3 4		
Graduate or Professional				1 2 3 4			
Other (Technical School, etc.)				1 2 3 4			

Please list any additional courses, workshops, or seminars that relate to the position for which you are applying: _____

Fields of work for which you are licensed, registered, or certified: _____

Professional License Number: _____ Issued: _____ Expires: _____

Renewal Number: _____

Professional Affiliations: _____

Skills: (Please list any skills and/or abilities you wish considered. Include skills with equipment or machines you can operate, special computer knowledge, laboratory techniques, and the like. If you wish to be considered for a clerical and/or secretarial position, indicate speeds for typing, shorthand, and dictation.): _____

Are you currently enrolled in school? Yes No Where? _____

Course of Study: _____

EMPLOYMENT INFORMATION

Are you currently employed? Yes No

If yes, may we inquire of your employer regarding your experience and qualifications?

Yes No

If no, give explanation: _____

Have you ever been discharged or requested to resign from a position? Yes No

If yes, give circumstances: _____

What are your work plans for the next two years? _____

Are you currently considering any other jobs or positions, training, education, or any other time commitments that would affect your capability to perform to standards in the position for which you are applying? Yes No

If yes, explain: _____

Are you or have you ever been employed by North Florida Women's Care? Yes No

If yes, please indicate dates of employment and position(s): _____

Are you related to any person now employed by North Florida Women's Care? Yes No

If yes, please provide name(s): _____

Have you ever been arrested, charged, or convicted of a crime except a minor traffic violation?

Yes No

If yes, state citation, court date, and place where offense occurred: _____

Note: This pertains to all charges and convictions related to misdemeanors, felonies, traffic violations for driving under the influence and other serious violations. It does not pertain to charges for minor traffic violations and underage consumption by a minor. If in doubt as to what to answer on this question, discuss it with a Human Resources staff member or provide the information of any charge or conviction. A charge or conviction will not necessarily disqualify you from the position for which you are applying.

EMPLOYMENT HISTORY

Note: Beginning with most recent or present position, list all jobs since high school or the last 10 years. If there are any open times in your work history, please explain on the back of this form.

Title of present or last position held: _____ ف Full-time Part-time

Date Employed: _____ Date Separated: _____

Employer: _____ Phone Number: _____

Address: _____

Name and title of supervisor: _____

Duties: _____

Reason for leaving: _____



Title of present or last position held: _____ ف Full-time Part-time

Date Employed: _____ Date Separated: _____

Employer: _____ Phone Number: _____

Address: _____

Name and title of supervisor: _____

Duties: _____

Reason for leaving: _____

EMPLOYMENT HISTORY
(Continued)

Note: Beginning with most recent or present position, list all jobs since high school or the last 10 years. If there are any open times in your work history, please explain on the back of this form.

Title of present or last position held: _____ ف Full-time Part-time

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Duties: _____

Reason for leaving: _____

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Title of present or last position held: _____ ف Full-time Part-time

Date Employed: _____ Date Separated: _____

Employer: _____ Phone Number: _____

Address: _____

Name and title of supervisor: _____

Duties: _____

Reason for leaving: _____

REFERENCES

(Employer & Personal – No relatives please)

	NAME and OCCUPATION	ADDRESS	DAYTIME TELEPHONE
1.	<hr/>		
2.	<hr/>		
3.	<hr/>		
4.	<hr/>		

EMERGENCY CONTACT

(Person to be notified in case of an accident or emergency)

Name	Relationship	Address	Telephone Number
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READ CAREFULLY BEFORE SIGNING

I hereby certify that all statements on this application are true and complete to the best of my knowledge and belief. If employed, I understand that any falsification of this record may be considered cause for termination. I hereby grant permission to check my references and to release recommendations concerning me to others in need of this information. I understand that should I be employed, it would be at North Florida Women's Care discretion and that with proper notice I may leave at any time. I agree to give adequate notice in accordance with the personnel policy.

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Signature	Date

BACKGROUND CHECK

Please read this application very carefully. If you have ever been arrested, charged, convicted, or even fingerprinted by the police or other law enforcement agencies, it will show up on your record. Your records will show these arrests, charges, or convictions, even if someone has told you it will not or you think there is a statute of limitations on the record. If you are selected for a position with North Florida Women's Care, part of the hiring process includes a thorough background check and possibly even fingerprinting.

I understand that if I have ever been arrested, charged, convicted, or even fingerprinted by the police or other law enforcement agencies, that I should include the information on the application in the appropriate place _____.
(initials)

I understand that this includes arrests charges, or convictions for deposit fraud (bad checks) as well as domestic disputes _____.
(initials)

I understand that there is no statute of limitations on the record check which will be done and that I must include any arrests, charges, or convictions regardless of how long ago it may have occurred. _____.
(initials)

I understand that I must include any arrests, charges, or convictions even if the charges were dropped and/or the case dismissed _____.
(initials)

If you have been arrested, charged, or convicted and fail to put the proper information on your application, you will be subject to immediate termination.

I have read the above and understand that failure to put full and complete information on my application will be considered falsification. I further understand that falsification of this application is grounds for immediate termination.

Applicant Signature

Date

Applicant Name (print)