

1401 Centerville Road, Suite 202 • Tallahassee, Florida 32308-4638 (850) 877-7241 (Main) • (850) 877-1338 (Fax) • www.NFLWC.com

APPLICATION FOR EMPLOYMENT

"An Equal Opportunity Employer"

NOTE: Please fill out the application completely.

All statements made by applicants for employment on this application form will be checked for accuracy.

North Florida Women's Care is an equal opportunity employer committed to diversity and inclusion in the workplace. We prohibit discrimination and harassment of any kind based on race, color, sex, religion, sexual orientation, national origin, disability, genetic information, pregnancy, or any other protected characteristic as outlined by federal, state, or local laws. This policy applies to all employment practices within our organization, including hiring, recruiting, promotion, termination, layoff, recall, leave of absence, compensation, benefits, training, and apprenticeship. North Florida Women's Care makes hiring decisions based solely on qualifications, merit, and business needs at the time.

 Date						
	——— Porcon	al Information –				
	Person	ai iiiiOiiiiatiOii –				
Last Name	First Name	?	Middl	e Name		
Prior or Other Names Used						
Postition Applying For						
This Application Is For Full Time	Part Time	Will you accep	ot some overtime	employment?	Yes	No
		\$		per		
Date Available For Employment		Minimun	n Acceptable Pay	,		
Home Street Address			Ара	rtment, Unit, etc.		
City			State			
Home Phone		Mobile P	hone			
Email	Are	you legally authoriz	ed to work in the	e United States?	Yes	No
Are you a military veteran? Yes	No If yes, dat	es of service?		to		
Note: If you answered yes to this quest your DD 214 with this application, than	•	ties, duty station, a	nd other informa	ation below and s	ubmit a c	opy of

		Education	al information ——		
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ame and L	ocation		Dates Attended		
Degree	Final GPA	Fields of Study or	Subject Major		
versity Nai	me and Locatio	on	Dates Attended		
Degree	Final GPA	Fields of Study or	Subject Major		
rofessiona	ı		Dates Attended		
Degree	Final GPA	Fields of Study or	Subject Major		
al, etc.			Dates Attended		
Degree	Final GPA	Fields of Study or	Subject Major		
Licenses,	Registration	ns, and Certificatio	ns:		
		Issue Date	Expiration Date	Renewal Number	
ial comp	uter knowle	dge, laboratory te	chniques, and the like.	If you wish to be consider	•
	versity Nan Degree rofessional Degree al, etc. Degree y additio e applyin Licenses, ense Numb Affiliation y skills ar cial comp	versity Name and Location Degree Final GPA rofessional Degree Final GPA al, etc. Degree Final GPA y additional courses, e applying: Licenses, Registration ense Number Affiliations: y skills and/or abilities cial computer knowles	The and Location Degree Final GPA Fields of Study or Fields of Study	Degree Final GPA Fields of Study or Subject Major Degree Final GPA Fields of Study or Subject Major Dates Attended Degree Final GPA Fields of Study or Subject Major Tofessional Dates Attended Degree Final GPA Fields of Study or Subject Major Dates Attended Degree Final GPA Fields of Study or Subject Major Additional courses, workshops, or seminars that you attended applying: Licenses, Registrations, and Certifications: Dates Attended Expiration Date Affiliations:	Degree Final GPA Fields of Study or Subject Major Degree Final GPA Fields of Study or Subject Major Tofessional Dates Attended Degree Final GPA Fields of Study or Subject Major al, etc. Dates Attended Degree Final GPA Fields of Study or Subject Major al, etc. Dates Attended Degree Final GPA Fields of Study or Subject Major y additional courses, workshops, or seminars that you attended which relate to the poe e applying: Licenses, Registrations, and Certifications:

Beginning with the most recent or present po	Employment Histor position, list all jobs since high so	ry Chool or the last ten years. If there are any open time
n your work history, please provide an expla		,
Employer Name	Dat	tes Employed
Title of Last Position Held	Pho	one
Location City and State Duties and Responsibilities:	Supervisor Name and	1 Title
Reason For Leaving:		
Employer Name	Dai	tes Employed
Title of Last Position Held	Pho	one
Location City and State Duties and Responsibilities:	Supervisor Name and	1 Title
Reason For Leaving:		
Employer Name	Dat	tes Employed
Title of Last Position Held	Pho	one
Location City and State Duties and Responsibilities:	Supervisor Name and	1 Title
Reason For Leaving:		
Employer Name	Dat	tes Employed
Title of Last Position Held	Pho	one
Location City and State Duties and Responsibilities:	Supervisor Name and	1 Title
Reason For Leaving:		

	Employment Informat	tion ————
Are you currently employed? Yes If yes, may we contact this employer re If no, can you explain:	No egarding experience and qualifications	s? Yes No
Have you ever been discharged or requ If yes, can you explain:	uested to resign from a position?	Yes No
Are you or have you ever been employed If yes, please indicate dates of employed		Yes No
Are you related to any person now empl If yes, please provide names:	loyed by North Florida Women's Care?	Yes No
Note: If in doubt as to what to not necessarily disqualify you fi	answer on this question, pleas	se occurred: se contact us. Answers to this question wil
1. Name and Occupation	 Email	 Phone
2. Name and Occupation	<u>Email</u>	Phone
3. Name and Occupation		Phone
4. Name and Occupation	<u>Email</u>	Phone
I understand that any false statement	contained in this application may be t my references. I understand that an	e to the best of my knowledge and belief. If employed e cause for termination. I hereby grant permission to by employment with North Florida Women's Care is a
Signature		 Date