

Name of Applicant: _____

Application Date: _____

HABILITATIVE SERVICES OF NORTH FLORIDA, INC.



APPLICATION FOR EMPLOYMENT

Habilitative Services of North Florida, Inc. is an Equal Opportunity Employer. Accordingly, we promote equal opportunity in the areas of recruitment, employment, training, development, transfer and promotion. Our employment practices are without regard to race, color, religion, sex, gender identity, sexual orientation, age, citizenship, marital status, disability, national origin, veteran status, or any other categories protected by federal, state, and local anti-discrimination laws.

General Information

Name: _____

Physical Address: _____
Last First Middle Name Prefer to be Called

Mailing Address: _____
Street & No. City State Zip

Address: _____
Street & No./P.O. Box City State Zip

Telephone #: _____

Best time to contact: _____
Home Business Other

You at home: _____ Social Security #: _____

What position are you applying for? _____

Have you previously filed an application with us? Yes No

If yes, give date _____

Have you previously been employed with us? Yes No

If yes, give date _____

Are you currently employed? Yes No

Are you currently on layoff and subject to recall? Yes No

Do you have any friends or relatives working here? Yes No

If yes, Name: _____ Relationship: _____

If hired, when would you be able to start? _____

Are you available/willing to work (check all that apply): Full Time? Part Time? Flexible Hours? Temporary?
 Overtime? Weekends? As needed/substitute?

If applying for residential services, which shifts are you willing to work? (check all that apply):

1st Shift 2nd Shift 3rd Shift Sleep-Over

What hours and/or shift(s) would you **prefer** to work? _____

What hours and/or shift(s) would you **prefer not** to work? _____

Education

	School Name/Location	# Yrs. Completed	Degree	Study/Major
High School				
College/University				
Graduate/Professional				

	School Name/Location	# Yrs. Completed	Degree	Study/Major
Trade/Correspondence				
Other				

Do you have a high school diploma or equivalency? Diploma GED Other

If other, please explain: _____

Please describe any job-related specialized training you have had that is related to the position for which you are applying:

Do you hold any specialized licensure or certification (i.e.-Teacher certification, RN, LPN, CNA, CBA, CPA, etc.)?

Previous Employment

Please list the names of your present or previous employers in chronological order with present or last employer listed first. Be sure to account for all periods of time including any period of unemployment.

(1) Present/Most Recent Employer Name:	
Address:	Phone #:
	Position:
	Hours Per Week:
From: (M/Y) _____ To (M/Y) _____	
Supervisor:	Reason For Leaving:
Duties & Responsibilities:	
Did you leave in good standing, and are you eligible for re-hire?	

(2) Present/Most Recent Employer Name:	
Address:	Phone #:
	Position:
	Hours Per Week:
From: (M/Y) _____ To (M/Y) _____	
Supervisor:	Reason For Leaving:
Duties & Responsibilities:	
Did you leave in good standing, and are you eligible for re-hire?	

(3) Present/Most Recent Employer Name:	
Address:	Phone #:
	Position:
	Hours Per Week:
From: (M/Y) _____ To (M/Y) _____	
Supervisor:	Reason For Leaving:
Duties & Responsibilities:	
Did you leave in good standing, and are you eligible for re-hire?	

(4) Present/Most Recent Employer Name:	
Address:	Phone #:
	Position:
	Hours Per Week:
From: (M/Y) _____ To (M/Y) _____	
Supervisor:	Reason For Leaving:
Duties & Responsibilities:	
Did you leave in good standing, and are you eligible for re-hire?	

Have you ever been discharged or asked to resign from any position? Yes No

Have you ever been subject to an internal investigation for misconduct at any previous employment? Yes No

If yes to either of the above questions, please explain:

How many jobs have you had in the last 5 years not listed above? _____

Why are you seeking a new position at this time? _____

Please explain fully any gaps in your employment history:

Knowledge, Skills, Abilities, Attributes

List special knowledge, skills, abilities, and attributes you possess and believe relevant to the position you seek. You may also list professional, trade, business activities and offices held or any additional information you feel may be helpful to us in considering your application.

Background, Citizenship, etc.

Are you prevented from lawfully becoming employed in this country because of visa or immigration status? (Proof of citizenship or immigration status will be required upon employment.) Yes No

Do you have a valid Driver License? Yes No
 If "yes", DL#: _____

Do you have dependable transportation? Yes No

Do you have auto liability insurance listing you as a covered driver with minimum coverage of \$10,000/\$20,000 bodily injury and \$10,000 property damage? 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

If "yes", please give dates and details of each:

Personal References

Please do **NOT** list relatives or previous employers/supervisors

Name	Relationship	Address	Telephone #

APPLICANT'S ATTESTATIONS

I have reviewed the job description for the position for which I am applying, and am knowledgeable about the requirement of the job. I am capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the for which I have applied as delineated in the job description.

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 HSNF has the same right. No one other than the Executive Director of HSNF 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 HSNF 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 HSNF may contact my previous employers and I authorize those employers to disclose to HSNF 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 HSNF. I also authorize HSNF 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 HSNF 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 am hereby notified that HSNF may obtain a consumer report or reports on me. I authorize HSNF 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 HSNF to conduct electronic inquiry related to my background, including review of all social networking sites and Internet 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.

My signature below signifies that I have read and agree to the above Applicant's Attestations.

Applicant Signature

Date

This application will be considered active for a maximum of ninety (90) days. If you wish to be considered for employment after that time, you must reapply.

Thank you for your interest in Habilitative Services!