Application for Employment

PLEASE PRINT



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

Reference Job C	ode(s)			<u>v</u>	www.lmccares.org	1	
Position(s) Applied							
Date of Application	n:		E-	mail Address:			
Referral Source:	Workforce Center			versity	Newspaper	:	
	Monster.com	Online Newsp	oaper:		Other		
	Name of Source (If App	olicable)					
Name:	(Last)		(First)			(Middle)	
Current				Previous		, , , , , , , , , , , , , , , , , , ,	
Address:	(Otro ot)	Cit. (Ct.	-t-) (7 :-)	Address:	(Otre et)	(0)	+.) (Otata) (7:a)
	(Street)		ate) (Zip)		(Street)	(Ci	ty) (State) (Zip)
How long have yo	u lived at your present a	ddress?	Ho	ow long had yo	ou lived at your	previous address?	•
Telephone Numbe	er:						
·							
If necessary, the be	est time to call you at hor	me is:] Morning	□ Aft	ternoon	Evening	🗌 Any
	u at work?		•	_		- 0	□ No
If yes, Work Number			Best Time to	Call:			□ PM
-	, can you furnish a work	normit?					🗌 No
Have you filed an a	application here before?					—	🗌 No
If yes, give date:							
Have you ever bee	n employed here before?	?				🗌 Yes	🗌 No
If yes, Give Dates:				From:		To:	
Are you legally elig	ible for employment in th	is country?				🗌 Yes	🗌 No
	(Proof of U.	S. Citizenship or im	nmigration sta	tus will be req	uired upon emp	loyment)	
Date available for v							
	nt desired: D Fuil Time		_ remporary	Seasonal			·
Are you on lay-off a	and subject to recall?	<u></u>				Yes	□ No
will you relocate it		S [] NU		vviii you tra	aver il job requi		□ No
	et the attendance require	ements of the posit	ion?			Yes	□ No
Have you ever bee						🗌 Yes	🗌 No
	d guilty or "no contest" to	a crime, been conv	victed of a crir	ne, had adjudi	ication withheld	-	_
any criminal charge				,			□ No
convicted of a crim not be revealed in a	,	violations, even if	you think the	record of the c	conviction has b	een sealed, expun	
If YES, please give	e date and details (below)	of each (attached	additional pag	ges as needec	d):	C	Date:
Driver's License Nu	umber (if required by job)	:				ç	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, 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	loyer Telephone		mployed	Summarize the nature of the work performed	
		From	То	and job responsibilities:	
Address					
Job Title		Hourly Pr	ate/Salary		
			rting		
Immediate Supervisor and Title					
Reason for Leaving		Hourly Ra	ate/Salary		
		Fi	nal		
May we contact for reference?	🗌 Yes 🗌 No 🗌 Later				
Employer	Telephone		mployed	Summarize the nature of the work performed	
Adress		From	То	and job responsibilities:	
Address					
Job Title		Hourly Ra	ate/Salary		
		Sta			
Immediate Supervisor and Title					
Reason for Leaving			ate/Salary		
		Fi	nal		
May we contact for reference?	Yes No Later				
Employee	Talanhana	Datas E	ne ve les ve el		
Employer	Telephone		mployed To	Summarize the nature of the work performed	
Employer Address	Telephone	Dates E From	mployed To	Summarize the nature of the work performed and job responsibilities:	
Address	Telephone	From	То	Summarize the nature of the work performed and job responsibilities:	
	Telephone	From Hourly Ra	To ate/Salary	Summarize the nature of the work performed and job responsibilities:	
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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 experinces 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	2) 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	

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
	(000) 000-0000	
	(000) 000-0000	
	(000) 000-0000	

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:

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	d for:					
Job Code Referer	nce Number(s):					
Referral Source:	 Advertisement Walk-in Name of Source (Employee Private Emp	Relative	Governmer Other	t Employment A	
As required, we co	omply with governm					
	ply with requiremen applicant data surv				and other legal	obligations, we ask that
	d that your survey is ill not be used in an		official applicatior	n for employmen	t. It is considere	ed confidential
Check one:					Male	Female
	following Race/Ethn					
Hispanic or L	atino 🛛 🗍 Bla Americ	ck or African can	White		Native Am Native	nerican or Alaskan
Asian		ive Hawaiian or Islander	Two or M	ore 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.