



APPLICATION FOR EMPLOYMENT

Date _____

Name _____ Social Security Number _____

(List any other names you have used or currently use, including nicknames and married names.)

Street _____ City _____ State _____ Zip _____

Home Telephone Number (____) _____ Cell Phone (____) _____

May we contact you at work? _____ If yes, please give work phone number (____) _____

How were you referred to us? _____ Newspaper Ad _____ School _____ On my own _____ Agency
_____ Current Employee _____ Other – Name of referral source _____

Indicate position for which you are applying: _____

Do you wish to work: _____ Full Time _____ Part Time _____ Temporarily?

If part time, specify hours or days: _____

What is your minimum weekly salary requirement? _____

Date available for work: _____

Do you have any commitments to another employer that might affect your employment with us? _____

EDUCATIONAL DATA

School	Print Name, Address, City, State and Zip Code for each school listing	Number of years Completed	Degree, Major or Course
High School			
College			
Graduate School			
Trade, Business, Night, or Correspondence			
Other			

MILITARY EXPERIENCE

Were you in the U.S. Armed Forces? _____ Yes _____ No

If yes, what branch? _____

Dates of duty: From _____ To _____

Rank at Separation _____

Briefly describe your duties _____

EMPLOYMENT HISTORY

List present employer or most recent employer first (use other side of this application, if necessary).

May we contact these employers: _____ Yes _____ No

Employer _____ Employed: From _____ Mo/Yr To _____ Mo/Yr

Address _____ Phone Number _____

Supervisor's Name _____ Your Job Title _____

Your Salary: Start _____ End _____ Reason for leaving: _____

Employer _____ Employed: From _____ Mo/Yr To _____ Mo/Yr

Address _____ Phone Number _____

Supervisor's Name _____ Your Job Title _____

Your Salary: Start _____ End _____ Reason for leaving: _____

Employer _____ Employed: From _____ Mo/Yr To _____ Mo/Yr

Address _____ Phone Number _____

Supervisor's Name _____ Your Job Title _____

Your Salary: Start _____ End _____ Reason for leaving: _____

GENERAL INFORMATION

Are you legally authorized to work in the United States? _____ Yes _____ No
(All applicants will be required to furnish proof of identity and legal work authorization prior to hire.)

Are you below the age of 18? _____ Yes _____ No; If less than 18, what is your age? _____; If less than 18, do you have appropriate employment or age certificates? _____ Yes _____ No (The law prohibits discrimination on the basis of age.)

The specific job functions of the position for which you are applying are: (see job description)

Are you able to perform these tasks with or without accommodation? _____ Yes _____ No If yes, answer the following:

How would you perform these tasks, and with what accommodations? _____

The attendance requirements of the job for which the application is made are:

Must be available to work Monday through Saturday 8 a.m. to 9 p.m. and Sunday 10 a.m. to 7 p.m.

Will you be able to meet these requirements? _____ Yes _____ No

Have you ever been convicted of a criminal offense? _____ Date _____

Place _____ Nature _____

(An affirmative answer will not automatically disqualify you from being considered as a candidate for employment.)

Have you previously applied for employment here? _____ Yes _____ No

If yes, when? _____

If employed by us, will you receive compensation from any other concurrent employment source? _____ Yes _____ No

If the answer is "yes" please explain: _____

REFERENCES (Not employers or relatives – at least three)

Name and Address of Reference	Occupation of Reference	Phone Number including area code

Please include any other information you think would be helpful to us in considering you for employment, such as additional work experience, articles/books published, activities, accomplishments, etc. (You may exclude all information indicative of age, sex, religion, color, national origin, or disability.)

Bay Walk-In Clinic, Inc., is a Drug Free Workplace.

Witness to applicant's signature

Applicant Signature

Date

I understand that this application is considered in an "active" status only for a period of thirty (30) days. If I am not employed by the employer during this period of time, I must re-submit a new application for employment if there is a continued desire to be hired by the employer.

I understand that all information contained in this application will be checked or otherwise confirmed by the employer and I herewith specifically give the employer authorization to contact my prior employers and other source of information regarding my background. In addition thereto, I hereby authorize any prior employer or reference or other source of information to answer any questions concerning my prior employment. I hereby agree to hold any employer, including the employer from whom application for employment is herewith made, or other source of information harmless of any claim arising from this authorization to provide information. I further understand that the employer may conduct a consumer report investigation on my background and if such is conducted, I may submit a written request to the employer for a complete copy of the requested information. I hereby release the employer and any firm performing the consumer investigation, use, or disclosure of such information.

I understand that as a condition of employment I will be required to submit a fingerprint card and a background check.

I understand further that any misstatements or omissions in this application will result in a decision not to hire me or if employed to thereafter terminate my employment.

Witness Signature

Applicant Signature

Date

REFERENCE CHECKS

Bay Walk-In Clinic's personnel department will contact the applicants past work history and gather information to determine eligibility for hire.

CONSENT TO CHECK REFERENCES AND RELEASE OF INFORMATION FORM

We will check your references before hiring. To do this we may contact persons whose names you have supplied. In addition, we may also speak with friends, ex co-workers, business associates and others. We may ask questions that touch on your personal background, your education, your work performance, your personality and your character.

We may also do a background check of your credit and criminal history.

We may use the Florida Department of Law Enforcement to check your criminal history. We may use an outside agency to check your credit history. We are required under the Federal Fair Credit Reporting Act to provide you with the name and address of the firm that may provide your credit report. We may decline to hire you on the basis of these reports.

I have read and fully understand the above. I give permission to Bay Walk-In Clinic, Inc. or any persons designated by Bay Walk-In Clinic, Inc. to check my references as described above, including the asking of any questions about my personal background, including financial and prior convictions, my education, my work performance, my personality and my character.

Applicant's Signature _____

Date _____
