

Application for Employment A Drug Free Work Place

The Center is Equal Opportunity Employer

Name: (Last, First, Middle)	Date:				
Street Address:	City:	 St	ate:	Zip Code:	
Home Telephone:	Business Telephone:				
Position(s) applied for:	Are you willir	ng to work: (circ	le all that a	pply)	
	Full time	Part time	Evening	gs Saturday	
Have you ever applied for employment w	ith us?Yes	No			
If Yes: Month/Year					
Are you legally authorized to work in the	United States:	Yes No .			
When could you start employment?					
Em	ployment Histo	ry			
Company Name	Telepho	Telephone			
Address	Employe	ed (Month & Ye	ear)		
	From:		To:		
Name of Supervisor	Weekly	Pay			
	Start:		Last:		
Job Title & Description of Work	Reason	for Leaving			
May we contact your Supervisor?	Telepho	ne #			
	Telepho	ne			
Company Name					
Address	Employe	ed (Month & Ye	ear)		
	From:		To:		
Name of Supervisor	Weekly	Pay			
	Start:		Last:		

Job Title & Description of Work	Reason for Leaving	
May we contact your Supervisor?	Telephone #	
Company Name	Telephone	
Address	Employed (Month & Year)	
	From: To:	
Name of Supervisor	Weekly Pay	
	Start: Last:	
Job Title & Description of Work	Reason for Leaving	
May we contact your Supervisor?	Telephone #	

Education Information

High School or GED	Address	City	State	Degree	Major	GPA
College	Address	City	State	Degree	Major	GPA
College	Address	City	State	Degree	Major	GPA
Graduate School	Address	City	State	Degree	Major	GPA
Other	Address	City	State	Degree	Major	GPA

Please read the following statement carefully:

In consideration of my employment, I agree to conform to the policies and procedures of The Center of Anna Maria Island. I understand that in accepting this application, the company is in no way obligated to provide me with employment and that I am not obligated to accept employment, if offered. Furthermore, if employed, I understand that I am employed at will and that my employment and compensation can be terminated with or without cause, and with or without notice at any time.

I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that any falsified statements on this application or omission of fact on either this application or during the preemployment process will result in my application being rejected, or, if I am hired, in my employment being terminated.

I also understand that any offer of employment is considered on the completion of pre-employment references, background checks and or tests and documentation. I will, upon request, sign all necessary consent forms.

Date	Signature