



The community's gathering place

Application for Employment

A Drug Free Work Place

The Center is Equal Opportunity Employer

Name: (Last, First, Middle) _____

Date: _____

Social Security Number: _____

Street Address: _____

City _____

State _____

Zip Code _____

Home Telephone: _____

Business Telephone: _____

Position(s) applied for: _____

Are you willing to work: (circle all that apply)

Full time

Part time

Evenings

Saturday

Have you ever applied for employment with us? _____ Yes _____ No _____

If Yes: Month/Year _____

Are you legally authorized to work in the United States: _____ Yes _____ No _____

When could you start employment? _____

Employment History

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 #

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 # _____
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 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 pre-employment 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 tests and documentation. I will, upon request, sign all necessary consent forms.

Date _____ Signature _____