



Position Applied For: _____

Name: _____

Address: _____

Phone: _____ Email Address: _____

Are you 18 years of age or older? Yes No

Have you ever worked for Disability Rights Florida before? Yes No

If yes, please give dates and position: _____

Do you have any friends or relatives working at Disability Rights Florida? Yes No

If yes, Name: _____

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 date and details of each:

NOTE: A "yes" answer to any of these questions will not automatically bar you from employment. The nature, job-relatedness, severity, and date of the offense in relation to the position for which you are applying are considered.

EDUCATION

High School: _____

Name/Location of school: _____

Received: Diploma Other (specify): _____

Your name if different while attending high school: _____

POST HIGH SCHOOL:

Name of School	City & State	Attendance mm/yy		Major / Minor	Type of Degree Earned
		From	To		

Your name if different while attending school: _____

PERIOD OF EMPLOYMENT

Name of last employer: _____	
Address: _____	
Phone: _____	Dates: from: mm/yy _____ to: mm/yy _____
Your Job Title: _____	Rate of Pay: _____
Supervisor's Name: _____	
Reason for leaving: _____	
Your name if different while employed: _____	

Name of previous employer: _____	
Address: _____	
Phone: _____	Dates: from: mm/yy _____ to: mm/yy _____
Your Job Title: _____	Rate of Pay: _____
Supervisor's Name: _____	
Reason for leaving: _____	
Your name if different while employed: _____	

Name of previous employer: _____

Address: _____

Phone: _____ Dates: from: mm/yy _____ to: mm/yy _____

Your Job Title: _____ Rate of Pay: _____

Supervisor's Name: _____

Reason for leaving: _____

Your name if different while employed: _____

Name of previous employer: _____

Address: _____

Phone: _____ Dates: from: mm/yy _____ to: mm/yy _____

Your Job Title: _____ Rate of Pay: _____

Supervisor's Name: _____

Reason for leaving: _____

Your name if different while employed: _____

Name of previous employer: _____

Address: _____

Phone: _____ Dates: from: mm/yy _____ to: mm/yy _____

Your Job Title: _____ Rate of Pay: _____

Supervisor's Name: _____

Reason for leaving: _____

Your name if different while employed: _____

Additional Pages may be added if needed

EMPLOYMENT REFERENCES

Name	Title	Phone Number

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.

I Hereby Certify that all of the information that I have provided in this application is true and accurate.

Signature of Applicant

Date

This company is an equal opportunity employer and does not discriminate because of race, color, religion, sex, age, citizenship, marital status, disability or national origin.

**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 Disability Rights Florida has the same right. No one other than the Executive Director of Disability Rights Florida 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 Disability Rights Florida reserves the right to require me to submit to pre-employment background screening and drug testing, 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 Disability Rights Florida may contact my previous employers and I authorize those employers to disclose to Disability Rights Florida 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 Disability Rights Florida. I also authorize Disability Rights Florida 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 six month probationary period, and that termination for unsatisfactory performance during that period will not result in any Disability Rights Florida responsibility for unemployment benefits. I further understand that completion of the probationary 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, my employment may be terminated.