



Employment Application

An Equal Opportunity Employer

Should you be selected for hire, your employment with the company is "at will" and entered into voluntarily. Either party is free to end the employment relationship at any time. The Employee handbook is not intended nor should it be construed as a contract of employment. The company reserves the right to terminate the employment of any person with or without cause at any time for any reason.

Position Applied For	
Title	_____
Date of Application	_____

Contact Information	
Name	Social Security Number
Street Address	Home Phone
City / State / Zip Code	Other Phone

Education			
High School (Name, Location)	Did you graduate? <input type="radio"/> Yes <input type="radio"/> No		
Your Name, if different while attending school(s)			
College	Course of study	Did you graduate? <input type="radio"/> Yes <input type="radio"/> No	Degree Awarded / Date
College	Course of study	Did you graduate? <input type="radio"/> Yes <input type="radio"/> No	Degree Awarded / Date
College	Course of study	Did you graduate? <input type="radio"/> Yes <input type="radio"/> No	Degree Awarded / Date
Other School	Course of study	Did you graduate? <input type="radio"/> Yes <input type="radio"/> No	Degree Awarded / Date
Other School	Course of study	Did you graduate? <input type="radio"/> Yes <input type="radio"/> No	Degree Awarded / Date

Skills / Abilities					
Computer Programs <input type="checkbox"/> Microsoft Word <input type="checkbox"/> Microsoft Excel <input type="checkbox"/> Microsoft Access <input type="checkbox"/> Microsoft Outlook <input type="checkbox"/> Microsoft Power Point <input type="checkbox"/> Dbase <input type="checkbox"/> FoxPro <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____	Skill Level Begin Inter Expert <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			Language Skills <input type="checkbox"/> Spanish <input type="checkbox"/> _____ <input type="checkbox"/> _____	List other skills and abilities _____ _____ _____ _____ _____
	Computer Languages <input type="checkbox"/> HTML <input type="checkbox"/> SQL <input type="checkbox"/> C++ <input type="checkbox"/> _____				

Employment History

Starting with your current or last job, list your employment history for a period of ten (10) years. List any jobs that are outside of this ten (10) year period that are relevant to the position for which you are applying. A resume of your employment will not be accepted in lieu of the information requested; however, it will be included as a supplement to the application.

Name of Current or Last Employer		Job Title	
Address (street, city, state, zip)		Telephone	
Supervisor's Name	Hire Date	End Date	Ending Salary
Primary Duties / Responsibilities			
Reason for Leaving	May we check with current employer for a reference? <input type="radio"/> Yes <input type="radio"/> No		

Name of Employer		Job Title	
Address (street, city, state, zip)		Telephone	
Supervisor's Name	Hire Date	End Date	Ending Salary
Primary Duties / Responsibilities			
Reason for Leaving			

Name of Employer		Job Title	
Address (street, city, state, zip)		Telephone	
Supervisor's Name	Hire Date	End Date	Ending Salary
Primary Duties / Responsibilities			
Reason for Leaving			

Employment History (continued)

Name of Employer	Job Title
------------------	-----------

Address (street, city, state, zip)	Telephone
------------------------------------	-----------

Supervisor's Name	Hire Date	End Date	Ending Salary
-------------------	-----------	----------	---------------

Primary Duties / Responsibilities

Reason for Leaving

Name of Employer	Job Title
------------------	-----------

Address (street, city, state, zip)	Telephone
------------------------------------	-----------

Supervisor's Name	Hire Date	End Date	Ending Salary
-------------------	-----------	----------	---------------

Primary Duties / Responsibilities

Reason for Leaving

Additional Information

Are you a U.S. Citizen? <input type="radio"/> Yes <input type="radio"/> No	If Applicable		
If NOT, do you have the legal right to be employed in the U.S. <input type="radio"/> Yes <input type="radio"/> No			
<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;"> Visa Type </td> <td style="width: 50%;"> Exp. Date </td> </tr> </table>	Visa Type	Exp. Date	
Visa Type	Exp. Date		

Have you ever been convicted of a felony? Yes No If Yes, please explain below

Conviction of a felony is not an automatic disqualification; however, false statements or withholding information will result in disqualification/discharge.

References

Please list three responsible persons (other than relatives and/or past employers) who have knowledge of your qualifications for employment and we can contact for a reference.

Name	Occupation	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

**** Read and initial the following statements before signing your application ****

I hereby certify that all statements made on this application are true and complete to the best of my knowledge and belief. Material misstatements or omissions and falsifications will be grounds for disqualification or termination of employment. _____ Initials

I understand that during the selection process, I may be required to complete a background data packet. I hereby authorize the North Central Florida Health Planning Council, Inc, dba. WellFlorida Council, Inc. and its agents; to investigate all statements contained in this application; and to conduct a thorough investigation of my character, reputation, past employment, and criminal record. _____ Initials

I acknowledge and I hereby waive any rights or claims I may have, whether presently fully developed or not, against the North Central Florida Health Planning Council, Inc, dba. WellFlorida Council, Inc. or its agents or employees arising out of or resulting from the release, authorized or unauthorized, of the information received pursuant to or in conjunction with the Council's handling, processing or investigation of my application for employment. _____ Initials

I understand that the North Central Florida Health Planning Council, Inc, dba. WellFlorida Council, Inc. only hires U.S. citizens and lawfully authorized alien workers. Identification and proof of citizenship or authorization will be required if a conditional job offer is made. _____ Initials

I acknowledge that the North Central Florida Health Planning Council, Inc, dba. WellFlorida Council, Inc. has an insurance policy that requires a review of my driver license record in order to drive on the Council's behalf. I understand that if my driving record is not satisfactory, I may not be eligible for employment if the position requires travel. _____ Initials

Applicant's Signature _____ Date _____

***Application must be initialed, signed and dated where indicated. Failure to sign/initial application will result in the application not being processed.**

For Official Use Only

Comments:
