

Suwannee River Economic Council, Inc.
1171 Nobles Ferry Road, N.W.
P.O. Box 70
Live Oak, FL 32064

Ph: 386-362-4115
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APPLICATION FOR EMPLOYMENT
(All Questions Must Be Answered Completely and Accurately)

Date: _____

SSN: _____

We consider applicants for all positions without regard to color, religion, creed, gender, national origin, age, disability, or marital status, or any other legally protected status.

PERSONAL INFORMATION

Name: _____
(Last) (First) (Middle)

Home Address: _____
(Street) (City) (State) (Zip)

Mailing Address: _____
(Street / Post Office Box) (City) (State) (Zip)

How long at above address: _____ Email address: _____

Previous address: _____ How long? _____
(Street) (City) (State) (Zip)

Phone: _____ Cell Phone: _____

Are you legally eligible for work in the United States? _____ Are you 18 years old or older? _____

List any friends or relatives working for us: _____

Please list any additional information that relates to your ability to perform the job for which you have applied, such as special training, machine operations, hobbies, languages, etc. _____

Have you ever applied to Suwannee River Economic Council, Inc. before? Yes No If yes, when? _____

Have you ever worked for Suwannee River Economic Council, Inc. before? Yes No If yes, when? _____

Have you ever been convicted of, or pled guilty or no contest to a crime; had adjudication withheld for a criminal offense; entered a pre-trial intervention program, or been placed on court-approved probation?* (This is not necessarily a disqualifier.) _____ Yes _____ No If yes, please explain. _____

Have you ever been a defendant in a civil action for intentional tort such as battery or assault?* _____ Yes _____ No
If yes, explain the nature of the intentional tort and the dispositive of the action. _____

*Note: If you do not understand this question you must ask Suwannee River Economic Council, Inc. for clarification.

PLACEMENT

Positions Applied For: _____ Rate of Pay expected: \$ _____

Would you prefer to work: (Circle) Full Time Part Time Temporary Date Available: _____

Who referred you to Suwannee River Economic Council, Inc.?

____ Employment Agency _____ Newspaper Advertisement _____ Friend
____ State Employment _____ Office _____ Walk-In _____ Other

When could you begin employment? _____

EMPLOYMENT HISTORY

Please list the names of your present or previous employers in chronological order with present or last employment first. Be sure to account for all periods of time including military service and any period of unemployment. If self-employed, give firm name and supply business references. [Add additional page if necessary.] All information must be completed.

Name of Present or Last Employer: _____

Your Job Title:

Supervisor's Name:

FROM: / / **TO:** / / **HOURS PER WEEK:** **ENDING SALARY:**
 Month Day Year Month Day Year

Duties and Responsibilities:

Reason for Leaving:

Name of Next Previous Employer: _____

Address: _____ **Phone No.:** () _____

Your Job Title:

Supervisor's Name:

FROM: / / **TO:** / / **HOURS PER WEEK:** **ENDING SALARY:**
 Month Day Year Month Day Year

Duties and Responsibilities:

Reason for Leaving:

Name of Next Previous Employer: _____

Address: _____ Phone No.: () _____

Your Job Title:

Supervisor's Name:

FROM: / /
Month Day Year

TO: / /
Month Day Year

HOURS PER WEEK:

ENDING SALARY:

Duties and Responsibilities:

Reason for Leaving:

Name of Next Previous Employer: _____

Address: _____ Phone No.: () _____

Your Job Title:

Supervisor's Name:

FROM: / /
Month Day Year

TO: / /
Month Day Year

HOURS PER WEEK:

ENDING SALARY:

Duties and Responsibilities:

Reason for Leaving:

Name of Next Previous Employer: _____

Address: _____ Phone No.: () _____

Your Job Title:

Supervisor's Name:

FROM: / /
Month Day Year

TO: / /
Month Day Year

HOURS PER WEEK:

ENDING SALARY:

Duties and Responsibilities:

Reason for Leaving:

Name of Next Previous Employer: _____

Address: _____ Phone No.: () _____

Your Job Title: _____ Supervisor's Name: _____

FROM: / / TO: / / HOURS PER WEEK: ENDING SALARY:
 Month Day Year Month Day Year

Duties and Responsibilities:

Reason for Leaving:

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ACCOUNT FOR YOUR TIME DURING ANY PERIODS OF UNEMPLOYMENT OTHER THAN THOSE WHEN YOU WERE ATTENDING SCHOOL

<u>FROM</u> <u>TO</u>				<u>EXPLANATION</u>	<u>NAME AND ADDRESS OF PERSON WHO CAN BE CONTACTED</u>
MO.	YR.	MO.	YR.		

Are you employed now? _____ Does your present employer know of your plans to change employment? _____

May we contact your employers listed above? _____ If not, please indicate which one(s) you do not wish us to contact.

Have you ever been terminated or asked to resign from any job? Yes No

If yes, please explain circumstances: _____

Do you have adequate transportation to and from work? Yes No

MILITARY SERVICE

Branch of Service: _____

Major Duties: _____

Service Schools Attended: _____

Date Entered: _____ Date Separated: _____

Starting Rank: _____ Separation Rank: _____

Reserve Status: _____ Type of Discharge: _____

Disabled Vet: _____ Vietnam Vet: _____ Recent Vet: _____ Medal Vet: _____ Protected Vet: _____

EDUCATION

	NAME	ADDRESS	FROM	TO	MAJOR/ MINOR	DID YOU GRADUATE?	DEGREE
GRAMMAR SCHOOL							
HIGH SCHOOL							
COLLEGE							
OTHER (specify)							

SPECIAL TRAINING, SKILLS OR CERTIFICATIONS

Please describe: _____

BUSINESS/PERSONAL REFERENCES

(Excluding relatives. You should have known the reference for at least one year.)

Name _____

Address _____

Telephone No. _____

Occupation _____

Years Acquainted _____

Name _____

Address _____

Telephone No. _____

Occupation _____

Years Acquainted _____

Name _____
Address _____
Telephone No. _____
Occupation _____
Years Acquainted _____

CERTIFICATION

I certify that answers given herein are true and complete to the best of my knowledge.

I understand that any false, incomplete, or misleading information is grounds for rejection of this application or, if discovered at any time after I am employed, may result in my dismissal. By submitting this application or other documents, I agree to conform to the policies of Suwannee River Economic Council, Inc. ("SREC"), and I understand that, if hired, my employment and compensation will be for no definite duration and can be terminated, with or without cause, and with or without notice, at any time, at the option of either SREC or me.

I authorize an investigation of my statements and information contained in this application for employment as may be necessary in arriving at any employment decision. I waive any legal requirement to provide notice to me regarding reports or records given or received in accordance with this authorization. Accordingly, all third parties are authorized to disclose any and all requested information to SREC, and I agree to release all third parties, as well as SREC and its employees, for any claims arising out of actions taken under these authorizations.

I authorize SREC to request an investigative consumer report about me, which may include information as to my character, general reputation, police record, personal characteristics, credit history and mode of living.

If accepted for employment, I understand that the use of illegal drugs is prohibited, and I agree to submit to drug testing to detect the use of illegal drugs at anytime during employment. I understand that any offer of employment is conditional upon satisfactory results of a background investigation.

In the event of employment, I agree to comply with all other SREC policies, procedures, rules and regulations made known to me at the time of employment or any other times thereafter, and to perform all duties assigned to me to the best of my ability.

Date _____ Signature _____