



APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

Position Applying For: _____ **Date:** _____

Full Name (and alias): _____

Address: _____ **City** _____ **ST** _____ **Zip** _____

Previous address if under 5 years in Florida: _____
(use separate sheet if needed)

City _____ **State** _____ **County** _____ **Zip** _____ **Date** _____

Phone: _____ **Email:** _____

SSN: _____ **At least 18 years old?** ___ **DOB:** _____ **Phone:** _____

Desired starting salary: _____ **Date you can begin work:** _____ **Phone:** _____

EDUCATION

| | School Name/Location | Course of Study/Degree | Graduate? |
|-------------|----------------------|------------------------|-----------|
| High School | | | |
| College | | | |
| Other | | | |

Do you have other special training and/or skills that would be helpful for this position?
Explain: _____

Is there any reason known to you why you might be unable to perform consistently and promptly any of your job duties? _____ **If yes, please explain:** _____

If hired, could you provide written evidence of a right to work in this country? _____

Have you ever been arrested? _____ **If yes, please explain:** _____

Why are you interested in becoming an employee of Everyday Blessings, Inc.?



EMPLOYMENT HISTORY

Please fill out the following **completely** for all positions you have had for the past 5 years: (Include all employment, whether or not directly related to the position for which you are applying.) If you need to list additional employers, please use another sheet of paper- do not leave out any employment.

Are you currently employed? _____ **May we contact your current employer?** _____

Employer's Name: _____ **Position:** _____

City/State: _____ **Phone#:** _____

Dates Employed: From _____ to _____ **Supervisor's Name:** _____
(month/year) (month/year)

Reason for leaving: _____

Employer's Name: _____ **Position:** _____

City/State: _____ **Phone#:** _____

Dates Employed: From _____ to _____ **Supervisor's Name:** _____
(month/year) (month/year)

Reason for leaving: _____

Employer's Name: _____ **Position:** _____

City/State: _____ **Phone#:** _____

Dates Employed: From _____ to _____ **Supervisor's Name:** _____
(month/year) (month/year)

Reason for leaving: _____

Employer's Name: _____ **Position:** _____

City/State: _____ **Phone#:** _____

Dates Employed: From _____ to _____ **Supervisor's Name:** _____
(month/year) (month/year)

Reason for leaving: _____



PERSONAL REFERENCES

Please list below the names of three (3) persons, not related to you, whom you have done work for or with whom you have been acquainted with for at least one year:

Name: _____ **Phone #:** _____

Address: _____

How do you know this person? _____

How long have you been acquainted? _____

Name: _____ **Phone #:** _____

Address: _____

How do you know this person? _____

How long have you been acquainted? _____

Name: _____ **Phone #:** _____

Address: _____

How do you know this person? _____

How long have you been acquainted? _____

I hereby authorize Everyday Blessings, Inc. to contact prior employers to obtain any and all information related to my past work performance, and to contact any of the references I have listed on my application. I further agree that if I am offered a position, Everyday Blessings, Inc. may contact any applicable police agencies in order to conduct background screening, as required by our licensing requirements.

In compliance with Section 65C-15.017(5) of the Florida Administrative Code, my signature verifies that I have not held the role of Board Member, Executive Director or Officer, or been associated with any unlicensed child welfare agency within the past two years, to include any child welfare agency whose license was revoked or suspended.

The information I have provided on this Application for Employment is true, correct, and complete. If employed, any misstatement or omission of fact on this application may result in my immediate dismissal.

Signature: _____

Date: _____



EMERGENCY CONTACT INFORMATION

In case of an emergency, please contact the following: (at least one person should reside locally)

Name: _____

Relationship: _____

Phone #: _____

Cell/Pager #: _____

Name: _____

Relationship: _____

Phone #: _____

Cell/Pager #: _____

Name: _____

Relationship: _____

Phone #: _____

Cell/Pager #: _____

Do you have any illnesses or medical conditions that we should know about in order to provide emergency treatment while waiting for an ambulance? _____

Diabetes? Yes No What do you want us to do? (Be specific):

Epilepsy? Yes No What do you want us to do? (Be specific):

Other? Yes No What do you want us to do? (Be specific):



Applicant will need to provide copies of the following to be included with their application before any record searches can begin to determine hiring eligibility.

1. Legible copy of Driver's License (prefer Color)
2. Social Security Card
3. High School, GED or College Diplomas
4. Resume
5. List of FULL previous street addresses (no PO Box) including County for the last 5 years (In-State and Out-of-State)