

Application for Employment

Human Resources: 2330 Nebraska Avenue, Palm Harbor, FL 34683

Please print LEGIBLY in black or blue ink only.

PLEASE COMPLETE PAGES 1-4.	E COMPLETE PAGES 1-4. DATE			
Name				
Last	First	Middle		Maiden
Present address				
Number	Street	City		tate Zip
How long at present address?		Social Security No.		
Telephone ()		E-Mail		
If under 18, please list age				
Applying to: □Palm Harbor Library	□CSA The Centre	□East Lake Community	Library □East L	ake Recreation
		Days/hours av	ailable to work	
Position applied for (1)			Thur	
Salary desired (2)		Mon Tue	Fri Sat	
(Be specific)		Wed	Sun	
How many hours can you work weekly?	?	Can you work	nights?	
Employment desired □FULL-TIM	IE ONLY □PA	RT-TIME ONLY □F	ULL- OR PART-TI	ME
Date available to start work?				
TYPE OF SCHOOL NAME OF SC		LOCATION plete mailing address)	NUMBER OF YEARS	MAJOR & DEGREE
	(5.11)		COMPLETED	
High School				
College				
Bus. or Trade School				
Bus. of Trade School				
Professional School				
HAVE YOU EVER BEEN CONVICTED	OF A FELONY?	□ No □ Yes	S	
If yes, please explain				
DO YOU HAVE A DRIVER'S LICENSE	:? □ Yes □ No			
What is your means of transportation to	work?			
Driver's license number	State of issue		☐ Commercial (0	CDL) □Chauffeur
Expiration date			·	
Have you had any accidents during the Have you had any moving violations du	past three years?	☐ Yes ☐ No ars? ☐ Yes ☐ No	How many? How many?	

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

Military				
HAVE YOU EVER BEEN IN THE ARMED FORCES?	☐ Yes ☐ No			
ARE YOU NOW A MEMBER OF THE NATIONAL GUARD	? □ Yes □ No			
Specialty Date	e Entered Discharge Date			
References				
Please list two references other than relatives or previous e				
Name	Name			
Position	Position			
Company	Company			
Address	Address			
Telephone ()_	Telephone ()			
Email	Email			
Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.				

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

Work Please list your work experience for the past Experience If you were self-employed, give firm name.			job held.
Name of employer Address	Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Code Phone number		From	Start
Frione number		То	Final
	Your last job title	-	
Reason for leaving (be specific)	,		
List the jobs you held, duties performed, skills used or learne company.	ed, advancements or pro	omotions while you wo	ked at this
Name of employer Address	Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Code Phone number		From	Start
Thore number		То	Final
	Your Last Job Title		
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List the jobs you held, duties performed, skills used or learne company.	ed, advancements or pro	omotions while you wo	ked at this
Name of employer Address	Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Code Phone number		From	Start
Thore number		То	Final
	Your last job title		
Reason for leaving (be specific)	-		
List the jobs you held, duties performed, skills used or learne company.	ed, advancements or pro	omotions while you wo	ked at this
May we contact your present employer? ☐ Yes ☐ No			
Did you complete this application yourself? ☐ Yes ☐ No			
If not, who did?			

AGREEMENT (PLEASE READ CAREFULLY BEFORE SIGNING)

I certify that all the information on this application is accurate and complete to the best of my knowledge, and I understand that misleading or false statements will constitute sufficient cause for refusal of hire or termination of my employment.

I understand that neither the acceptance of this application nor the subsequent entry into any type of employment relationship with Palm Harbor Community Services Agency creates an actual or implied contract of employment. I understand that, if I accept employment with Palm Harbor Community Services Agency, it will be on an at-will basis. This means that either Palm Harbor Community Services Agency or I have the right to terminate the employment relationship at any time, for any reason, with or without cause.

I agree to submit to drug and alcohol testing, if requested by Palm Harbor Community Services Agency. I release Palm Harbor Community Services Agency, and its employees, plus other persons or companies, from any and all liability arising out of, or related in any way, to such testing.

I authorize Palm Harbor Community Services Agency to investigate information concerning my education, employment experiences and all other aspects of my background relevant to my proposed employment. I release Palm Harbor Community Services Agency and its employees from all liability arising from such investigation.

Signature of applicant_	Date:
-	

Palm Harbor Community Services Agency is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with Palm Harbor Community Services Agency depends solely on your qualifications.