

Employment Application



The Healthy Start Coalition of Flagler & Volusia Counties, Inc.
 109 Executive Circle, Daytona Beach, FL 32114

Position applying for: _____

APPLICANT INFORMATION

Name: _____
 Last First Middle

Telephone: _____ Email: _____ Alternate telephone: _____

Address: _____

Are you able to perform the essential functions of the position with or without accommodations?
 Yes No

If necessary for the job, I am able to:
 Provide a valid Florida Driver's License?
 Yes No

I will be able to report to work _____ days after being notified that I am hired.

I am seeking a permanent position: Yes No

I am seeking a: Part-time position Full-time position

If necessary for the job, are you older than 18? Yes No

List most recent employment first. Include summer or temporary jobs. Be sure all your experience or employers related to this job are listed here, in the summary following this section or on an extra sheet of paper if necessary. No more than 10 years history recommended.

Employer name and address:	Position title/duties, skills:	Start date:	End date:
		Reason for leaving:	
Pay \$			
Per:	Supervisor: Telephone:		
Employer name and address:	Position title/duties, skills:	Start date:	End date:
		Reason for leaving:	
Pay \$			
Per:	Supervisor: Telephone:		
Employer name and address:	Position title/duties, skills:	Start date:	End date:
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Pay \$			
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Employer name and address:	Position title/duties, skills:	Start date:	End date:
		Reason for leaving:	
Pay \$			
Per:	Supervisor: Telephone:		

Summarize other employment related to this job:

	Institution Name	Years Completed	Field of Study	Graduate/Degree
High School				
College/University				
Business/Technical				
Additional				

SKILLS & QUALIFICATIONS

Other qualifications such as special skills, abilities or honors that should be considered:

Types of computers, software, and other equipment you are qualified to operate or repair:

Professional licenses, certifications or registrations:

Additional skills, including supervision skills, other languages or information regarding the career/occupation you wish to bring to the employer's attention:

REFERENCES

List three professional references who are not relatives.

Name	Address	Telephone	Occupation	Years known
Name	Address	Telephone	Occupation	Years known
Name	Address	Telephone	Occupation	Years known

CONTACT

In case of accident or illness, please contact: Name: _____ Daytime phone: _____

Address: _____ Relationship: _____

INFORMATION TO THE APPLICANT

As part of our procedure for processing your employment application, your personal and employment references as well as employment history may be checked. If you have misrepresented or omitted any facts on this application, and are subsequently hired, you may be discharged from your job. You may make a written request for information derived from the checking of your references and employment history.

If necessary for employment, you may be required to: supply your birth certificate or other proof of authorization to work in the United States, have a Level II background screen and a drug test, or to sign a conflict of interest agreement and abide by its terms. I understand and agree to the information shown above.

Signature of Applicant

Date

Equal Employment Opportunity: While many employers are required by federal law to have an Affirmative Action Program, all employers are required to provide equal employment opportunity and may ask your national origin, race and sex for planning and reporting purposes only. This information is optional and failure to provide it will have no effect on your application for employment.