

## APPLICATION FOR EMPLOYMENT

YOUR NAME	SOCIAL SECURITY NUMBER	
MAILING ADDRESS		
CITY	STATE	ZIPCODE
HOME PHONE	BUSINESS PHONE	

### EDUCATION

EDUCATION	NAME & LOCATION OF SCHOOL	DATES OF ATTENDANCE	CREDIT HOURS EARNED	MAJOR COURSE OF STUDY	TYPE OF DEGREE EARNED
HIGH SCHOOL					
COLLEGE					

### JOB-RELATED TRAINING OR COURSE WORK

NAME OF SCHOOL	LOCATION	DATES OF ATTENDANCE	HOURS EARNED	COURSE OF STUDY	TRAINING COMPLETED

### LICENSE/REGISTRATION/CERTIFICATION

LICENSE, REGISTRATION, OR CERTIFICATION	NUMBER	DATE RECEIVED	EXPIRATION DATE	ISSUING AGENCY

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**EMPLOYMENT**  
LIST ALL EMPLOYERS BEGINNING WITH THE CURRENT OR MOST RECENT EMPLOYER

NAME, ADDRESS, & TELEPHONE OF EMPLOYER	EMPLOYMENT DATES	HOURS WORKED	REASON FOR LEAVING	SALARY
Position:				
Position:				
Position:				
Position:				
Position:				
Position:				

**REFERENCES**

NAME	RELATIONSHIP	ADDRESS	TELEPHONE NUMBER

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**BACKGROUND INFORMATION**

Are you legally authorized to work in the United States?

9 Yes

9 No

Florida law requires certain employees of assisted living facilities to be background screened. This includes a search of the Department of Children & Families Abuse Registry, an FDLE Criminal Background Check, and may include an FBI fingerprint check.

Have you already had a background screening conducted? Yes \_\_\_ No \_\_\_.

If yes, how long ago? \_\_\_\_\_.

How may we obtain a copy of that screening? \_\_\_\_\_.

If no, do you object to having a screening conducted? \_\_\_\_\_.

I consent to an investigation of all statements contained in this application. I certify that to the best of my knowledge and belief all of the statements contained herein and on any attachments are true, correct, complete, and made in good faith. I am aware that any omissions, falsifications, misstatements, or misrepresentations may disqualify me from employment, or may be grounds for termination at a later date.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date