

APPLICATION FOR EMPLOYMENT



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 Naples, FL 34116
 Phone: 239.455.8500
 Fax: 239.455-6561
 www.davidlawrencecenter.org

An Equal Opportunity Employer and a Drug and Smoke Free Workplace

All applicants being considered for employment will be required to undergo a comprehensive background screen, including but not limited to drug screen, fingerprint, reference checks, and driver's record.

INSTRUCTIONS

- Please clearly **PRINT or TYPE** the application.
- **You must fully and accurately complete the Application for Employment. Incomplete applications will not be accepted. Please do not refer to an attached resume in lieu of completion of all sections of this application.**
- If question does not apply, please write N/A.
- You are encouraged to include a resume or other job related documentation as a supplement to this application (e.g. pertinent certifications, licenses, current driving record; and transcripts, degrees or diplomas).

Today's Date: _____ Position Applying For: _____

Referral Sources: Advertisement: _____ Employment Agency Career and Service Ctr
 DLC Website Other Website _____
 DLC Employee _____ School: _____ Walk-In

APPLICANT INFORMATION (Please Print Clearly or Type)

NAME	Last _____	First _____	Middle _____
ADDRESS:	Street _____	City _____	State _____ Zip Code _____
PHONE	Home _____	Business _____	Cell _____ E-Mail (optional) _____

1. Have you ever been *offered* a position at David Lawrence Center? Yes No
 Have you ever been *employed* by David Lawrence Center? Yes No If Yes, dates: _____
 Are you currently on lay-off, and subject to recall? Yes No
 Are you currently employed? Yes No May we contact your present employer? Yes No

2. Will you accept: Full-Time Work Part-Time Work Shift Work PRN Work (as needed)
 Specify any days or hours you are **NOT** available to work: _____
 Can you travel if required? Yes No
 What is your salary expectation? \$ _____

3. Do you have the legal right to work in the United States? Yes No
(If hired you will be required to provide proof of identity and employment authorization.)

4. Have you ever been charged with a crime and/or released from confinement following a conviction for any criminal offense? Arrests or charges that have been expunged need not be disclosed. Yes No
 Are you presently charged with any violations of the law? Yes No

If you have answered yes to any of these questions, provide the following:

Date	Type (Felony/Misdemeanor) and Charge	Disposition	County/State
_____	_____	_____	_____
_____	_____	_____	_____

EDUCATION AND TRAINING (Please Print or Type)

Have you graduated from **High School** or received a General Equivalency Diploma (G.E.D)? Yes No

Name of High School or Institution _____

Location (City, State, Country) _____

College/University – Undergraduate, Graduate, Professional

Name of College/University _____

Location (City, State, Country) _____

Degree Conferred _____

Course of Study _____

Name of College/University _____

Location (City, State, Country) _____

Degree Conferred _____

Course of Study _____

Other Education/Training (training, certifications, licenses, trade or business schools)

Name of Institution _____

Location (City, State, Country) _____

Dates _____

Certification/license _____

Name of Institution _____

Location (City, State, Country) _____

Dates _____

Certification/license _____

MISCELLANEOUS

Summarize special skills and qualifications you have acquired through previous employment or life experiences that you feel would be helpful in evaluating your qualifications:

How would you describe your MicroSoft Office skills? _____

Beginner Intermediate Advanced

List other software applications in which you are skilled: _____

Please list all languages you speak, read and/or write: _____

Do you have a valid driver's license? Yes No State: _____ Expiration Date: _____

Has your license ever been revoked or suspended, or have you ever been denied a license? Yes No

If yes, please explain: _____

EMPLOYMENT HISTORY (Please Print or Type)

Beginning with your current or most recent employer, please list all prior work experience. Include any United States Military or State Militia Service. **Please include all gaps in employment.** You **must** fully and accurately complete the Application for Employment. Incomplete applications will not be considered. **Please do not refer to an attached resume in lieu of completion of all sections of this application.**

Employer: _____	
Street Address: _____	
City, State, Zip Code: _____	Phone Number: _____
Type of Business: _____	Job Title: _____
Dates of Employment: _____ to _____	Final Salary/Wage: _____
Supervisor's Name: _____	
Description of Duties: _____	
Reason for Leaving: _____	

Employer: _____	
Street Address: _____	
City, State, Zip Code: _____	Phone Number: _____
Type of Business: _____	Job Title: _____
Dates of Employment: _____ to _____	Final Salary/Wage: _____
Supervisor's Name: _____	
Description of Duties: _____	
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Street Address: _____	
City, State, Zip Code: _____	Phone Number: _____
Type of Business: _____	Job Title: _____
Dates of Employment: _____ to _____	Final Salary/Wage: _____
Supervisor's Name: _____	
Description of Duties: _____	
Reason for Leaving: _____	

Employment History continued:

Employer: _____	
Street Address: _____	
City, State, Zip Code: _____	Phone Number: _____
Type of Business: _____	Job Title: _____
Dates of Employment: _____ to _____	Final Salary/Wage: _____
Supervisor's Name: _____	
Description of Duties: _____	
Reason for Leaving: _____	

Employer: _____	
Street Address: _____	
City, State, Zip Code: _____	Phone Number: _____
Type of Business: _____	Job Title: _____
Dates of Employment: _____ to _____	Final Salary/Wage: _____
Supervisor's Name: _____	
Description of Duties: _____	
Reason for Leaving: _____	

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Street Address: _____	
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Dates of Employment: _____ to _____	Final Salary/Wage: _____
Supervisor's Name: _____	
Description of Duties: _____	
Reason for Leaving: _____	

REFERENCES (Please Print or Type)

Please provide name, address, telephone number and relationship of at LEAST three character references who are **NOT related to you**.

NAME	ADDRESS (CITY AND STATE)	PHONE	RELATIONSHIP

CONDITIONS OF EMPLOYMENT

PLEASE READ CAREFULLY AND INITIAL NEXT TO EACH STATEMENT

David Lawrence Center is hereby authorized to make investigations as to my character, employment record, criminal record, or matters as may be deemed necessary in arriving at an employment decision.

I authorize former employers, law enforcement agencies, and other agencies and institutions to release employment, financial, criminal and other types of background information to David Lawrence Center, and release these parties from all liability for any damage whatsoever that may ensue from furnishing such information
 Initial: _____

I agree to voluntarily consent to any lawfully administered drug and alcohol, fingerprinting, credit history (if applicable), and other employment-related tests. I understand that satisfactory results from such screenings are a condition of my continued employment. I understand that refusal to submit to, or positive results of the drug screen will prohibit an offer of employment. I further understand that I may be requested to undergo a reasonable suspicion drug/alcohol screening and that refusal to submit or a positive test result may result in my employment being terminated.
 Initial: _____

I understand that if hired, my first six months are considered an initial employment period. I further understand that my continued employment during this initial employment period depends upon progressing satisfactorily in performing the expectations of the position.
 Initial: _____

I understand that should I become an employee, that upon termination of employment (whether voluntarily or involuntarily), I will return all property assigned to me by David Lawrence Center.
 Initial: _____

I understand that if any false, incomplete or misleading information is given by me on this application, I will be disqualified for consideration of employment. Also, if such falsification of this application is discovered once employed, I understand it will constitute grounds for discipline, up to and including termination.
 Initial: _____

I understand David Lawrence Center is an Equal Opportunity Employer and does not discriminate in employment, and that no question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by law.
 Initial: _____

Signature: _____ Date: _____