



# Employment Application

203 E Silver Springs Blvd, Ocala, FL 34470

(352) 732-6599 Ext. 7156 or Ext. 7134

Fax: (352) 433-2916

## APPLICANT INFORMATION

Last Name		First		M.I.	Date
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone		E-mail Address			
Date Available		Social Security No.		Desired Salary	
Position Applied for					
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	
Do you have relatives working here?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please provide name	

## EDUCATION

High School		Address			
		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

Do you speak any other language? If so, what language:

REGISTRATIONS/CERTIFICATES/LICENSES / Please Attach Copies/	DATE
.....	
.....	
.....	

## REFERENCES

Please list three **professional** references. **Do not include coworkers, friends or relatives.**

Full Name	Relationship
Company	Phone ( )
Full Name	Relationship
Company	Phone ( )
Full Name	Relationship
Company	Phone ( )

<b>EMPLOYMENT HISTORY /Start With The Most Recent Employer/</b>			
Employer		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact the Employer for employment verification? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Employer		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact the Employer for employment verification? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Employer		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact the Employer for employment verification? YES <input type="checkbox"/> NO <input type="checkbox"/>			

<b>MILITARY SERVICE</b>	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

<b>DISCLAIMER AND SIGNATURE</b>	
I certify that my answers are true and complete to the best of my knowledge. I authorize Heart of Florida Health Center to conduct reference, employment verification and background checks as part of my application process.	
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.	
Signature	Date