

BOND COMMUNITY HEALTH CENTER, INC.

1720 South Gadsden Street
Tallahassee, FL 32301



APPLICATION FOR EMPLOYMENT

(Please print or type)

Date: _____

POSITION APPLIED FOR				MINIMUM SALARY ACCEPTABLE	
LAST NAME FIRST MIDDLE MAIDEN				SOCIAL SECURITY	
ADDRESS			FLOOR/SUITE/ROOM	TELEPHONE NUMBER	
CITY		STATE		ZIP	
				TO YOUR KNOWLEDGE, DO YOU HAVE ANY RELATIVES WORKING IN THIS AGENCY?	
ARE YOU A U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO			IF NOT A U.S. CITIZEN, HAVE YOU THE RIGHT TO REMAIN PERMANENTLY IN THE U.S.? <input type="checkbox"/> STUDENT <input type="checkbox"/> PERMANENT <input type="checkbox"/> J-1 VISA <input type="checkbox"/> VISA		
DO YOU SPEAK ANY LANGUAGE (S) IN ADDITION TO ENGLISH? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, LIST			HOW DID YOU HEAR ABOUT BOND COMMUNITY HEALTH CENTER, INC?		
WHEN CAN YOU START?					

COMPLETE THIS SECTION IF YOU HAVE SERVED IN THE MILITARY

BRANCH OF SERVICE	DATES OF DUTY	RANK AT DISCHARGE	DISCHARGE DATE
SPECIAL SKILLS			

BACKGROUND INFORMATION

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR A FIRST DEGREE MISDEMEANOR? Yes No

If "YES", what charges? _____
 Where convicted? _____ Date of Conviction: _____

HAVE YOU EVER PLED NOLO CONTENDERE OR PLED GUILTY TO A CRIME WHICH IS A FELONY OR A FIRST DEGREE MISDEMEANOR: Yes No

If "YES", what charges? _____
 Where? _____ Date: _____

HAVE YOU EVER HAD THE ADJUDICATION OF GUILT WITHHELD FOR A CRIME WHICH IS A FELONY OR A FIRST DEGREE MISDEMEANOR? Yes No

If "YES", what charges? _____
 Where? _____ Date: _____

NOTE: A "Yes" answer to these questions will not automatically bar you from employment. The nature, job-relatedness, severity and date of the offense in relation to the position for which you are applying are considered.

EDUCATION	NAME & ADDRESS OF SCHOOL	COURSE OF STUDY	LAST YEAR COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA
GRAMMAR					
HIGH SCHOOL					
COLLEGE					
TRADE					
OTHER					

EMPLOYMENT RECORD (list most recent positions first)

DATES	NAME & ADDRESS OF EMPLOYER	POSITION	LAST SALARY	REASON FOR LEAVING	SUPERVISOR & CONTACT TELEPHONE NUMBER
FROM TO					
FROM TO					
FROM TO					
FROM TO					
FROM TO					

REFERENCES

NAME & ADDRESS	YEARS KNOWN	OCCUPATION	PHONE NUMBER

Consent to the release of information by any former employer to Bond Community Health Center, Inc.

I certify that all of the statements made by me on this application are true and may be investigated. If any are said to be false, this will constitute sufficient reason for my dismissal. If I am offered a position I consent to a pre-employment physical and any future medical examinations as may be required by the Center. I have been informed that Bond Community Health Center, Inc. is an equal employment opportunity employer and does not discriminate on the basis of race, ethnicity, religion, gender, sexual orientation, age, disability or marital status. All information obtained during interview and selection process will be used only for lawful purposes. Bond Community Health Center, Inc. reserves the right to conduct random drug testing.

SIGNATURE: _____

DATE: _____