

Revised 8/2011

The Chrysalis Center
3800 West Broward Blvd., Suite 100
Fort Lauderdale, Florida 33312

APPLICATION FOR EMPLOYMENT

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Prospective employees will receive consideration without discrimination because of race, creed, religion, color, gender, age, sexual orientation, national origin, disability, marital or veteran status, or any other legally protected group. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

(PLEASE PRINT)

NAME: _____ DATE: _____

ADDRESS: _____ TELEPHONE: _____

CITY, STATE, ZIP: _____ CELL/PAGER: _____

HOW DID YOU LEARN ABOUT US?

- NEWSPAPER AD
- INTERNET/ONLINE (Indicate website) _____
- FRIEND
- OTHER _____

POSITION DESIRED: _____ SALARY RANGE DESIRED: _____

BEST TIME TO CONTACT YOU? ____:____ AM/PM WHERE? _____

HAVE YOU WORKED FOR US BEFORE? ____ Yes ____ No If Yes: Give Date _____

ARE YOU CURRENTLY EMPLOYED? ____ Yes ____ No

MAY WE CONTACT YOUR CURRENT EMPLOYER? ____ Yes ____ No

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN The U.S.? ____ Yes ____ No

Proof of eligibility will be required upon hire

ARE YOU AVAILABLE TO WORK: _____ DATE YOU CAN START: _____

- FULL-TIME
- PART-TIME (PLEASE INDICATE: MORNINGS AFTERNOONS EVENINGS WEEKENDS)
- PER DIEM

IN CASE OF EMERGENCY, PLEASE GIVE NAME, PHONE AND RELATIONSHIP OF PERSON TO NOTIFY:

EVER BEEN CONVICTED OF A FELONY? _____ Yes _____ No

If Yes, Explain _____

HAVE YOU EVER SUFFERED AN INJURY THAT WOULD PREVENT YOU FROM PERFORMING THE ESSENTIAL DUTIES OF THE POSITION YOU HAVE APPLIED FOR? _____ Yes _____ No

If Yes, Explain _____

EDUCATION:

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
High School				
College				
Graduate				
Business/Trade/ Technical School				

DESCRIBE ANY SPECIALIZED TRAINING, APPRENTICESHIP, VOLUNTEER EXPERIENCES, TRANSFERABLE SKILLS AND EXTRA-CURRICULAR ACTIVITIES: _____

LIST ANY PROFESSIONAL, TRADE, BUSINESS OR CIVIC ACTIVITIES AND OFFICES HELD
Please exclude membership which would reveal race, religion, national origin, age, disability or other protected status: _____

DESCRIBE ANY JOB-RELATED TRAINING RECEIVED IN THE U.S. ARMED FORCES OR NATIONAL GUARD: _____

DO YOU SPEAK OR WRITE FLUENTLY ANY LANGUAGES OTHER THAN ENGLISH? _____ Yes _____ No

If Yes, Explain _____

IF HIRED, WHAT IS YOUR ANTICIPATED DURATION OF STAY IN THIS POSITON? _____

IF HIRED, DURING THE FIRST YEAR OF EMPLOYMENT, DO YOU KNOW OF OR ANTICIPATE ANY REASON TO MISS MORE THAN 1 WEEK OF WORK? (If so, please explain why) _____

EMPLOYMENT HISTORY:

PLEASE GIVE ACCURATE, COMPLETE FULL-TIME AND PART-TIME EMPLOYMENT RECORD. START WITH YOUR PRESENT OR MOST RECENT EMPLOYER.

Employer	Date Employed From	Date Employed To	DESCRIPTION OF WORK DUTIES
Address			
Telephone			
Job Title	Hourly Rate/ Salary From	Hourly Rate/ Salary To	
Supervisor			
Reason for Leaving			

Employer	Date Employed From	Date Employed To	DESCRIPTION OF WORK DUTIES
Address			
Telephone			
Job Title	Hourly Rate/ Salary From	Hourly Rate/ Salary To	
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Address			
Telephone			
Job Title	Hourly Rate/ Salary From	Hourly Rate/ Salary To	
Supervisor			
Reason for Leaving			

STATE ANY ADDITIONAL INFORMATION YOU FEEL MAY BE HELPFUL TO US IN CONSIDERING YOUR APPLICATION: _____

REFERENCES: Please include at least one relative as a reference

NAME	ADDRESS	DAY TIME TELEPHONE	RELATIONSHIP	YEARS KNOWN
1.				
2.				
3.				
4.				

APPLICANT'S STATEMENT:

I certify that the facts contained herein are true and complete. I further certify that I am at least eighteen years of age and will be required to provide proof of eligibility to work in the U.S. upon offer of employment.

I authorize investigation of all statements and of the references and employers contained in this application for employment as determined necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature and may be terminated by either party, with or without cause, at any time. I further understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing, unless it is in writing and signed by the Chief Executive Officer of The Chrysalis Center.

In the event of employment, I understand that falsified statements or misleading information given in my application or interview(s) will be grounds for dismissal. I additionally release The Chrysalis Center from any damages that may result from the utilization of such information.

SIGNATURE OF APPLICANT

DATE