

**Application for
Employment**
**PLEASE PRINT AND
ANSWER ALL
QUESTIONS**



*P.O. Box 1086
Saint Augustine FL 32085*

**WE ARE AN EQUAL
OPPORTUNITY
EMPLOYER AND A
DRUG-FREE
WORKPLACE**

Position(s) Applied For _____ Date of Application: _____

Name _____
Last First Middle

Address _____
No. and Street City State Zip Code

Telephone No. () - Social Security Number: - -

Are you legally eligible for employment in this country? YES NO

Are you 18 years of age or older? (if not state age here _____) YES NO

Date available for work: _____

Type of employment desired Full Time Part Time Temporary

Hours and days available to work _____

Are you on lay-off and subject to recall?..... YES NO

Are you available to work overtime if required?..... YES NO

Have you ever been convicted of, or pled guilty, no contest or *nolo contendere* to a crime? (Answering yes will not automatically prevent your consideration for employment.) YES NO

Have you ever been charged with a crime and either placed on a court-ordered probation, had adjudication withheld, or entered a pre-trial intervention program, or have any criminal charges now pending? (Answering yes will not automatically prevent your consideration for employment.)..... YES NO

If yes to either of previous two questions, give details (date, place, offense(s), disposition, etc.): _____

EDUCATIONAL BACKGROUND

	Elementary School	High School	College	Graduate or Professional or Technical School
School Name and Location				
Years Completed				
Diploma/Degree				

Describe other courses of study and special skill

Employment History – Do not reference your resume. Please give month and year in dates employed section.

List your last three employers, assignments or volunteer activities, starting with the most recent.

Employer	Telephone () -	DATES EMPLOYED		Summarize the nature of the work performed and job responsibilities.
Address		From	To	
Job Title	Hourly Rate/Salary Starting			
Immediate Supervisor and Title	\$	Per		
Reason for Leaving	Hourly Rate/Salary Final			
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	Per		

Employer	Telephone () -	DATES EMPLOYED		Summarize the nature of the work performed and job responsibilities.
Address		From	To	
Job Title	Last Hourly Rate/Salary			
Immediate Supervisor and Title	\$	Per		
Reason for Leaving				

Employer	Telephone () -	DATES EMPLOYED		Summarize the nature of the work performed and job responsibilities.
Address		From	To	
Job Title	Last Hourly Rate/Salary			
Immediate Supervisor and Title	\$	Per		
Reason for Leaving				

Have you ever had any job-related training in the United States military? YES NO

If Yes, please describe: _____

Do you type? YES NO Words per minute _____

Have you had any computer or word processing experience or training? YES NO

Please Read Carefully - Employment Application Certification

I certify that the information provided by me for the purpose of employment is true and complete to the best of my knowledge. I understand that if I am employed, any false statements or omissions will be considered cause for dismissal. St Johns Housing Partnership is hereby authorized to conduct any verification of my personal, employment, education, credit records, motor vehicle records, and to receive any information from the criminal justice agency in any State. I authorize the references and previous employers listed to give St Johns Housing Partnership or its designated agent any and all facts, opinions and evaluations concerning my previous employment and any other information they may have, personal or otherwise. I release all such parties from any liability that may allegedly arise from furnishing such information to St Johns Housing Partnership including, but not limited to, any liability for defamation or invasion of privacy.

If I am offered employment, I understand that such an offer will be conditioned upon satisfactory results of a background investigation and drug screening. If my application is accepted for employment, I understand that the first ninety- (90) days is an introductory period and I understand that my employment and compensation can be terminated, with or without cause or notice, at any time, regardless of the successful completion of my probationary period, at the option of either St Johns Housing Partnership or myself. I understand that no leader or other representative of St Johns Housing Partnership other than the president has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. I certify that I have read, understand, and agree with the above.

Signature _____

Date _____