

EMPLOYMENT APPLICATION

1. Employer Information

Employer: Center for Work Life
Address: 7009 Dr. Phillips Blvd. Suite 260
City/State/ZIP: Orlando, Florida 32819
Telephone: (407)217-2560

It is the policy of Center for Work Life to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

2. Applicant Information

Applicant Name: _____
Address: _____
City/State/ZIP: _____
Number of years at this address: _____
Daytime phone: _____ Evening phone: _____
Social Security Number: _____
Driver's License (State/Number): _____

3. Emergency Contact

Who should be contacted if you are involved in an emergency?

Contact Name: _____
Relationship to you: _____
Address: _____
City/State/ZIP: _____
Daytime phone: _____ Evening phone: _____

4. Job Position Applied For: Marketing Liaison

5. Salary Desired: \$ _____ per _____

6. Who referred you to our company? _____

7. Have you applied to our company previously? _____ Yes _____ No
If yes, when? _____

8. Are you at least 18 years old? _____ Yes _____ No

9. How will you get to work? _____
10. Are you willing to work any shift, including nights and weekends? ____ Yes ____ No
If no, please state any limitations:

11. If applicable, are you available to work overtime? ____ Yes ____ No
12. If you are offered employment, when would you be available to begin work?

13. Are you legally eligible for employment in the United States? ____ Yes ____ No
14. Are you able to perform the essential functions of the job position with or without reasonable accommodation? ____ Yes ____ No
- What reasonable accommodation, if any, would you require?

15. Applicant's Skills

Check those skills that you have. List any other skills that may be useful for the job you are seeking. Enter the number of years of experience, and circle the number which corresponds to your ability for each particular skill. (One represents poor ability, while five represents exceptional ability.)

Skill	Years of Experience	Ability or Rating
<input type="checkbox"/> Typing	_____	1 2 3 4 5
<input type="checkbox"/> Microsoft Office Suite (Word, Excel, etc.)	_____	1 2 3 4 5
<input type="checkbox"/> Accounting/Bookkeeping	_____	1 2 3 4 5
<input type="checkbox"/> Answering telephones	_____	1 2 3 4 5
<input type="checkbox"/> Filing	_____	1 2 3 4 5
<input type="checkbox"/> Customer service	_____	1 2 3 4 5
<input type="checkbox"/> Social Media, blogging, presentation skills	_____	1 2 3 4 5
_____	_____	1 2 3 4 5
_____	_____	1 2 3 4 5

16. Applicant Employment History

List your current or most recent employment first.

Employer Name: _____
Supervisor Name: _____

Address: _____
City/State/ZIP: _____
Job Duties: _____
Reason for Leaving: _____
Dates of Employment (Month/Year): _____

Employer Name: _____
Supervisor Name: _____
Address: _____
City/State/ZIP: _____
Job Duties: _____
Reason for Leaving: _____
Dates of Employment (Month/Year): _____

Employer Name: _____
Supervisor Name: _____
Address: _____
City/State/ZIP: _____
Job Duties: _____
Reason for Leaving: _____
Dates of Employment (Month/Year): _____

17. Applicant's Education and Training

College/University Name and Address

Did you receive a degree? _____ Yes _____ No If yes, degree received:

High School/GED Name and Address

Did you receive a degree? _____ Yes _____ No
_____ Yes _____ No

Other Training (graduate, technical, vocational):

Awards, Honors, Special Achievements:

18. References

List any two people who would be willing to provide a reference for you.

Name: _____
Address: _____
City/State/ZIP: _____
Telephone: _____
Relationship: _____

Name: _____
Address: _____
City/State/ZIP: _____
Telephone: _____
Relationship: _____

19. Please provide any other information that you believe should be considered:

CERTIFICATION

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I authorize Center for Work Life to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its Supervisor, the employment relationship will be "at-will." In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the right. Moreover, no agent, representative, or employee of Center for Work Life, except in a specific written contract of employment signed on behalf of the organization by its Supervisor, has the power to alter or vary the voluntary nature of the employment relationship.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

APPLICANT SIGNATURE

DATE