



# APPLICATION FOR EMPLOYMENT

Big Bend Community Based Care, Inc. d/b/a NWF Health Network (NWFHN) is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis, including race, color, age, religion, sex, national origin, handicap, disability, marital status or veteran status.

Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_

Present Address: \_\_\_\_\_  
Last First Middle  
Street City County State Zip

Previous Address: \_\_\_\_\_  
Street City County State Zip

Home Telephone No.: (\_\_\_\_) \_\_\_\_\_ Referred By: \_\_\_\_\_

Driver's License No. and State: \_\_\_\_\_

Does anyone related to you work for NWF Health Network, Camelot Community Care, Children's Home Society of Florida or Disc Village, Inc.? If yes, state the relative's name and agency they work for:

\_\_\_\_\_

May we contact your present employer? Yes  No  May we contact your previous employer? Yes  No   
 Please identify any exceptions and give reasons for not contacting present or previous employers: \_\_\_\_\_

Position(s) for which you are applying: \_\_\_\_\_ Date you can start: \_\_\_\_\_

Rate of pay desired: \$ \_\_\_\_\_ per \_\_\_\_\_

## EDUCATION

Level	School & Location	Years Completed	Graduation	Degree & Major
High School or GED			Yes <input type="checkbox"/> No <input type="checkbox"/>	
College			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Graduate			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Business or Other Training				

Field Work Placements (dates and agencies): \_\_\_\_\_

**CRIMINAL HISTORY**

Are you 18 years or older? Yes  No  How long have you lived in this area? \_\_\_\_\_

Have you ever been convicted of a crime? Yes  No  Have you ever pled guilty or no contest to a crime? Yes  No

If yes, please give details (date, place, offense(s), disposition, etc.): \_\_\_\_\_

Have you ever been charged with a crime and either been placed on a court ordered probation, had adjudication withheld, or entered a pretrial intervention program? Yes  No

If yes, please give details (date, place, offense(s), disposition, etc.): \_\_\_\_\_

**WORK EXPERIENCE**

List below previous employers and salary history during the last ten years beginning with your current or most recent employer: (Use additional pages if necessary)

Employer: \_\_\_\_\_ From: \_\_\_\_\_ (mo/yr) To: \_\_\_\_\_ (mo/yr)

Employer Address: \_\_\_\_\_

Position: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Supervisor Name and Phone Number: \_\_\_\_\_

Duties: \_\_\_\_\_

Employer: \_\_\_\_\_ From: \_\_\_\_\_ (mo/yr) To: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Position: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Supervisor Name and Phone Number: \_\_\_\_\_

Duties: \_\_\_\_\_

(Duties Con't). \_\_\_\_\_  
\_\_\_\_\_

Employer: \_\_\_\_\_ From: \_\_\_\_\_ (mo/yr) To: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Position: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Supervisor Name and Phone Number: \_\_\_\_\_

Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employer: \_\_\_\_\_ From: \_\_\_\_\_ (mo/yr) To: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Position: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Supervisor Name and Phone Number: \_\_\_\_\_

Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did you work for any of these employers under a different name? Yes  No

If yes, which employer(s) and under what name(s)? : \_\_\_\_\_

Please explain any gaps in your employment history: \_\_\_\_\_

Have you received any written reprimands or disciplinary suspensions during any previous employment? : Yes  No

If yes, please explain:  
\_\_\_\_\_

Have you ever been discharged or asked to resign? : Yes  No

If yes, please explain (include by whom, when and for what): \_\_\_\_\_

## DRIVING HISTORY

(If probability of driving a company vehicle or on company business exists for the position in which you are applying):

Are you able to travel if a job requires it? Yes  No  Do you have a valid driver's license? Yes  No

What class of license do you possess? \_\_\_\_\_

Have you had a suspension or probation of your license within the last five (5) years? Yes  No

How many speeding or other moving violations have you received in the last three (3) years? \_\_\_\_\_

List below all other traffic violations (except parking) on your record for the last three (3) years and all accidents for which you are responsible: (Use additional page if necessary)

DATE LOCATION DESCRIPTION RESULT

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## EMPLOYMENT APPLICATION CERTIFICATION

I hereby certify that all of the facts and information listed on this employment application are true and complete. I understand that any false, incomplete or misleading information given by me on this application is sufficient cause for rejection of this application. I also understand and agree that any such false, incomplete, or misleading information discovered on this application or provided in the hiring process including but not limited to any preliminary screening applications, applications completed or information submitted or provided to Big Bend Community Based Care, Inc. d/b/a NWF Health Network (NWFHN) which is discovered at any time after I am employed may result in my dismissal.

I hereby authorize NWFHN to investigate all statements contained in this application and to interview the references and previous employers listed in this application. I authorize the references and previous employers listed to give NWFHN all facts, opinions and evaluations concerning my previous employment and any other information they may have, personal or otherwise, and release all such parties from any liability which may allegedly arise from furnishing such information to NWFHN including, but not limited to, any liability for defamation or invasion of privacy. If I am offered employment by NWFHN I understand that such an offer will be conditioned upon satisfactory results of a background investigation and/or agency medical examination or inquiry, including a drug screen test. If then employed, I understand that I will be required to serve a probationary period. I further 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 my employer or myself. I understand that no supervisor or other employer representative other than the CEO 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.

I further understand and voluntarily agree as a condition of employment or my continued employment, that I may be requested by NWFHN to submit to a urinalysis or other drug screen test and that my failure to take such test(s) when requested to do so or unsatisfactory test results will disqualify me from consideration for employment, or if I am then employed, may result in my immediate dismissal.

I certify that I have read, understand and agree with the above.

Applicant Signature \_\_\_\_\_

Date: \_\_\_\_\_