

St. Augustine Center for Living  
 “An Equal Opportunity Employer”  
**APPLICATION FOR EMPLOYMENT**

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

NAME: \_\_\_\_\_ SOC. SEC. # \_\_\_\_\_  
 (Last) (First) (Middle)

ADDRESS: \_\_\_\_\_  
 (Street) (City) (State) (Zip)

MAILING ADDRESS \_\_\_\_\_  
 (If different from above)

TELEPHONE #: \_\_\_\_\_ FLA. DRIVERS LIC.# \_\_\_\_\_

Position for which you are applying:  
 \_\_\_\_\_

Shift preferred: (circle) DAY NOON EVENING NIGHT WEEKENDS ONLY

How did you find out about our company? \_\_\_\_\_

**EDUCATION: (DOCUMENTATION OF EDUCATION WILL BE REQUIRED)**

Highest grade completed: 7 8 9 10 11 12 GED College: 1 2 3 4 5 etc.

College(s) attended: \_\_\_\_\_

Major field of study: \_\_\_\_\_ Degree(s) earned: \_\_\_\_\_

Branch of military service: \_\_\_\_\_ Date of discharge: \_\_\_\_\_

National Guard: \_\_\_\_\_ Date obligation ends: \_\_\_\_\_

Special training/certifications: \_\_\_\_\_

Hobbies, interests, volunteer experience: \_\_\_\_\_

**PREVIOUS WORK EXPERIENCE: (Begin with most recent)**

Name of Company: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ Tel. #: \_\_\_\_\_

Job Title/Duties: \_\_\_\_\_

From	To	Starting Rate	Ending Rate	Reason for Leaving

Name of Company: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ Tel. #: \_\_\_\_\_

Job Title/Duties: \_\_\_\_\_

From	To	Starting Rate	Ending Rate	Reason for Leaving

Name of Company: \_\_\_\_\_ Supervisor: \_\_\_\_\_

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Job Title/Duties: \_\_\_\_\_

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Address: \_\_\_\_\_ Tel. #: \_\_\_\_\_

Job Title/Duties: \_\_\_\_\_

From	To	Starting Rate	Ending Rate	Reason for Leaving

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Are you presently employed? \_\_\_\_\_ May we contact your ex-employer? \_\_\_\_\_

Have you worked for this company before? \_\_\_\_\_ What position? \_\_\_\_\_

Dates worked: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Date of last physical: \_\_\_\_\_

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**PLEASE READ THE FOLLOWING CAREFULLY:**

Hiring procedures will include the following:

1. Reference checks of previous employers.
2. Review of letters of reference (3).
3. Review of transcripts of required certifications, licenses, degrees as required for position
4. Abuse registry background check, \*fingerprinting, FBI and Sheriff screening
5. Physical examination

To determine my qualifications for employment, I authorize this company to conduct an investigation of my application. I understand that any false or misleading information furnished by men on this application form or in connection with my application for employment may result in rejection of the application, or if employed by this company, in the termination of employment.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

\*Finger printing card must be turned in before commencement of employment.

Please Do Not Write Below This Line

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Reference Check(s):

Date

Name of Person Contacted

By Whom

\_\_\_\_\_

Resume application on this page:

1. Describe the reasons why you left your last position. (Include whether you left voluntarily, were laid off or terminated.) If you are still employed, describe the reasons you want to leave.
2. What did you like most about your last job?
3. What did you like least about your last job?
4. What does “Developmentally Challenged” mean to you?
5. A client strikes you. Would you punish him? If so, how? If so, why not?
6. Why do you feel you are qualified to work at the Center for Living?
7. What do you expect from a job at the Center for Living?
8. What will you contribute to the Center for Living if hired?