

**EMERALD COAST SENIOR SERVICES**  
**1101 GULF BREEZE PKWY STE 307**  
**GULF BREEZE, FL 32561**  
**(850) 250-3214 Fax (850) 692-6205**

**APPLICATION FOR EMPLOYMENT**

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

**PERSONAL INFORMATION:**

Name (Last, First, Middle, Maiden): \_\_\_\_\_  
Social Security #: \_\_\_\_\_ Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Mobile/Other: \_\_\_\_\_  
Personal E-mail: \_\_\_\_\_  
How were you referred to us? \_\_\_\_\_

Have you ever worked for this company? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
If yes, when? \_\_\_\_\_

Have you ever pled guilty or "no contest" to a crime, been convicted of a crime, had adjudication withheld, prosecution deferred or do you have any criminal charges pending? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide date, city, and state where incident occurred and details of each: \_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT DESIRED:**

Position you are applying for: \_\_\_\_\_  
Date Available to Start: \_\_\_\_\_ Salary Desired: \_\_\_\_\_  
Employment Desired: Full-Time \_\_\_\_\_ Part-Time Only \_\_\_\_\_ Full or Part-Time \_\_\_\_\_  
Days/Hours available to work:  
Monday \_\_\_\_\_ Tuesday \_\_\_\_\_  
Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_  
Friday \_\_\_\_\_ Saturday \_\_\_\_\_  
Sunday \_\_\_\_\_

Are you a citizen of the United States? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
If not, are you legally allowed to work in the United States? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Are you 18 years of age or older? Yes: \_\_\_\_\_ No: \_\_\_\_\_

What are your means of transportation to work? \_\_\_\_\_

**EMPLOYEE EMERGENCY CONTACT INFORMATION:**

Emergency Contact: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

**EDUCATION HISTORY:** (Name and City/State of School)

High School: \_\_\_\_\_ Did you Graduate? Yes \_\_\_\_\_ No \_\_\_\_\_  
College/University: \_\_\_\_\_ Did you Graduate? Yes \_\_\_\_\_ No \_\_\_\_\_  
Other (specify): \_\_\_\_\_ Did you Graduate? Yes \_\_\_\_\_ No \_\_\_\_\_  
Degree (s): \_\_\_\_\_

**PREVIOUS EMPLOYMENT:** (Begin with most recent)

Dates of Employment (month/year): From: \_\_\_\_\_ to \_\_\_\_\_  
Position Held: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Salary: \_\_\_\_\_ May we contact this employer as a reference? \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Dates of Employment (month/year): From: \_\_\_\_\_ to \_\_\_\_\_  
Position Held: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Salary: \_\_\_\_\_ May we contact this employer as a reference? \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Dates of Employment (month/year): From: \_\_\_\_\_ to \_\_\_\_\_  
Position Held: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Salary: \_\_\_\_\_ May we contact this employer as a reference? \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

**PERSONAL REFERENCES:** (Do Not Use Former Employers or Relatives)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Years known: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Years known: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Years known: \_\_\_\_\_

**PRE-EMPLOYMENT SCREENING**

If I am offered employment by Emerald Coast Senior Services and accept the position, I agree that if my employment ends voluntarily before the completion of my 90 day probationary period then I will reimburse Emerald Coast Senior Services for the cost of my Pre-Employment Drug Test, Level II Background Screening, and Division of Motor Vehicle Search totaling **\$ 92.25**. This amount will be deducted from my final paycheck. Initials \_\_\_\_\_

**AUTHORIZATION** (Please Read and Sign Below)

I have read the entire employment application and have been given an opportunity to review it. I understand and agree to all of its contents. I certify that the information given by me in this application and during the interview process is true and complete to the best of my knowledge and understand that if employed, falsified or misleading statements may result in my being disqualified from consideration for employment (or subject to immediate dismissal if discovered after I am hired).

I further understand that this application is not intended to be a contract of employment, nor does this application obligate the employer in anyway if the employer decides to employ me. I understand and agree that if hired, my employment is at-will and can be terminated by me or the company at any time with or without cause.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing, as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy.

I understand that applications are kept in active status for thirty (30) days, so that they may be considered for vacancies during that period. If I wish to be considered for employment after that time, I must reapply.

*This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.*

\_\_\_\_\_  
**APPLICANT SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**PRINT NAME**