



WorkForce One  
 3800 Inverrary Boulevard, Suite 400  
 Lauderdale, FL 33319  
 (954) 535-2300

**APPLICATION FOR EMPLOYMENT**

<b>Position Applying For</b>	<b>Job Number (If Applicable)</b>
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**Instructions: Please print or type all information.** The application must be filled out accurately and completely. Answer all questions. Do not leave an item blank. If an item does not apply, write N/A (not applicable). If you need additional space to answer a question fully, you may use full sheets of paper that are the same size as this page. On each additional page, be sure to include your name and the position title. You may also attached copies of documents or certificates which support your application. All materials submitted become the property of WorkForce One and will not be returned. Nothing can be added to your application after the announcement period has closed. All statements made on the application are subject to verification. Exaggerated, false, or misleading statements may be cause for rejection of the application and/or termination of employment. **THIS APPLICATION MUST BE SIGNED ON THE LAST PAGE OR IT WILL BE VOIDED.**

**Present Legal Name**

Last Name	First Name	M.I.
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<b>Social Security Number</b>	<b>When Available</b>	<b>If you require assistance with testing due to a disability, please notify our staff.</b>
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**Applying for (Check all responses that apply)**

Full Time     
  Part Time     
  Temporary

<p><b>Home Telephone Number</b></p> <table border="1" style="width:100%"> <tr> <td style="width:20%">Area Code</td> <td>Number</td> </tr> <tr> <td> </td> <td> </td> </tr> </table> <p><b>Other Number (Indicate which) Cell, Pager, Other</b></p> <table border="1" style="width:100%"> <tr> <td style="width:20%">Area Code</td> <td>Number</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Area Code	Number			Area Code	Number			<p><b>Driver's License</b></p> <p>If driving/travel is required for this position, do you have a valid driver's license and/or reliable transportation?</p> <p>Yes: <input type="checkbox"/>      No: <input type="checkbox"/>      NA: <input type="checkbox"/></p>
Area Code	Number								
Area Code	Number								

**Present Address**

Street Address	Apt. #
City	State      Zip Code

How long have you lived at present address?    Years     Months

**Previous Address** (Complete this portion if living at current address less than 7 years or indicate N/A if at current address for more than 7 years.)

Street Address	Apt. #
City	State      Zip Code

How long did you live at this address?    Years     Months



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(Job 3) Previous Job			
From		To	
Mo.	Yr.	Mo.	Yr.

Hours per week: \_\_\_\_\_

Starting Salary: \$ \_\_\_\_\_ per \_\_\_\_\_

Last Salary: \$ \_\_\_\_\_ per \_\_\_\_\_

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

Number of employees supervised (if applicable): \_\_\_\_\_

Employer \_\_\_\_\_  
 Address \_\_\_\_\_  
 Telephone Number (\_\_\_\_) \_\_\_\_\_  
 Your Job Title \_\_\_\_\_  
 Supervisor's Name and Title \_\_\_\_\_  
 Reason for Leaving Position \_\_\_\_\_

(Job 4) Previous Job			
From		To	
Mo.	Yr.	Mo.	Yr.

Hours per week: \_\_\_\_\_

Starting Salary: \$ \_\_\_\_\_ per \_\_\_\_\_

Last Salary: \$ \_\_\_\_\_ per \_\_\_\_\_

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

Number of employees supervised (if applicable): \_\_\_\_\_

Employer \_\_\_\_\_  
 Address \_\_\_\_\_  
 Telephone Number (\_\_\_\_) \_\_\_\_\_  
 Your Job Title \_\_\_\_\_  
 Supervisor's Name and Title \_\_\_\_\_  
 Reason for Leaving Position \_\_\_\_\_

**List All Periods of Unemployment During the Past 10 Years**

From		To		
Mo.	Yr.	Mo.	Yr.	

**Specific Skills:** List below relevant skills and competencies that you have acquired. Indicate personal computer software and hardware proficiencies, and any language skills other than English.

PC software/hardware proficiency levels \_\_\_\_\_

\_\_\_\_\_

Languages Spoken other than English \_\_\_\_\_

Languages Written other than English \_\_\_\_\_

Other \_\_\_\_\_

List membership (s) in professional, job related organizations: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

List any *active* professional, technical, occupational licenses or certificates and registrations you now hold: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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List award, commendations, or other recognition received for outstanding achievement in school, military service, your work, or civic duties: \_\_\_\_\_  
 \_\_\_\_\_

Have you ever used a legal name other than the one indicated on Page 1 Check:  Yes  No  
 If yes, indicated name(s) and dates used \_\_\_\_\_

Did you serve in the Armed Forces? Check:  Yes  No  
 Type of Discharge Check:  Honorable  Dishonorable  Other  
 Are you or have you ever been employed by the State of Florida or one of its counties, cities, or other governmental agencies?  
 Check:  Yes  No  
 If yes, you must submit a Veteran's Preference Questionnaire (Document DD214) or documentation supporting your claim. This documentation must be submitted at the time of application in order to receive preference points.

Have you ever worked for WorkForce One (formerly BETA)? Check:  Yes  No  
 If yes, please give dates of employment \_\_\_\_\_  
*Optional Question:* Are you a WorkForce One program participant or have you been? Check:  Yes  No  N/A

Are you related to a WorkForce One employee or is any member of your household employed by WorkForce One or one of its providers? Check:  Yes  No If yes, please give the person's Name and Relationship to you.  
 \_\_\_\_\_

Since your 18<sup>th</sup> birthday, have you been CONVICTED of ANY violation of the law, other than minor traffic offenses, or pleaded NOLO CONTENDERE to criminal charges, even if adjudication was withheld? Check:  Yes  No  
 Name of offense \_\_\_\_\_  
 Name of and location of court \_\_\_\_\_  
 Deposition of case \_\_\_\_\_ Date \_\_\_\_\_  
**NOTE:** A conviction does not automatically mean you cannot be employed by WorkForce One. The nature of the offense, how long ago it occurred, relationship to this job, etc., are given consideration.

How did you hear about the position for which you are applying?  
 Newspaper Ad  WorkForce One Center  WorkForce One Employee  Other  
 Job Information System

**References:** List three (3) personal references who are **not** relatives or former employers.

Name and Organization	Address	Telephone Number	Years Known

**APPLICATION MUST BE SIGNED**

APPLICANT: PLEASE READ THIS STATEMENT CAREFULLY BEFORE SIGNING BELOW. UNSIGNED APPLICATIONS WILL BE VOIDED. I hereby certify that each response on this application and all other information I have furnished in applying for employment with WorkForce One is true and correct. I authorize the investigation by WorkForce One or WorkForce One's authorized representative of all statements contained in this application. I acknowledge that employment is subject to verification of an applicant's background, driving history, and/or conviction record. I understand that if I am hired, my employment is for no definite period of time and may be terminated at any time without prior notice. Subsequent to an offer of employment, I give my voluntary consent to provide a sample of my blood or urine, which may be tested for recent use of drugs and/or controlled substances. If I am hired, I understand that any false answer to a question on this application, whenever such falsehood is discovered, will subject me to immediate termination.

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

\_\_\_\_\_  
 Date