



APPLICATION FOR EMPLOYMENT

DISC Village, Inc.
3333 West Pensacola St. #330
Tallahassee, FL 32304
Telephone: (850) 575-4388
FAX: (850) 576-3317

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or disability, or any other legally protected status.

At-Will Employment Statement:

In Florida, employment relationships that do not specifically obligate both employer and the employee for a definite period of time for a specified amount of compensation can be ended at-will by either party. No contract exists regarding your DISC Village employment. Employee handbooks and agency/program policies and procedures are not considered to be contracts; therefore, either you or DISC Village can terminate your employment at any time for any reason not prohibited by law.

(PLEASE PRINT. PLEASE COMPLETE A SEPARATE APPLICATION FOR EACH POSITION.)

Position Applied For:		Date of Application:	
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Last Name	First Name	Middle Name	
Address	City	State	Zip
Telephone Number(s)		Social Security Number (Last 4 digits only)	
Email Address			

<i>Please Check Yes or No To The Following:</i>			
Are you under 19 years of age?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you ever filed an application with us before? <i>If Yes, give date _____.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you ever been employed with us before? <i>If Yes, give date _____.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you currently employed? DISC Village will contact your current employer if you are considered one of the final candidates.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you currently on "lay-off" status and subject to recall?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Can you travel if a job requires it?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you served in the military? If Yes, what kind of discharge? <input type="checkbox"/> Honorable <input type="checkbox"/> Dishonorable	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Are you available to work: Full time Part Time Shift Work

On what date would you be available for work? _____

Education

	High School				Undergraduate College/University				Graduate/Professional			
School Name & Location												
Years Completed (Check)	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Diploma/Degree Earned (A.A., B.A, B.S., M.A., M.S. etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<i>Degree:</i>				<i>Degree:</i>				<i>Degree:</i>			
Describe Course of Study (Major/Minor)												
Describe any specialized training, apprenticeship, skills, and extra curricular activities												
State any additional information you feel may be helpful to us in considering your application												

<i>Indicate any foreign languages you can speak, read and / or write</i>			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Employment Experience

Start with your present or last job. Include any job-related military services assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disability or other protected status.

1.	Employer Name & Address	Dates Employed	From:	
			To:	
		Telephone:		
		Job Title:		
		Supervisor:		
Hourly Rate/ Salary At Time Of Employment End				
Reason For Leaving:				
Description of Job Duties:				

2.

Employer Name & Address	Dates Employed	From:	
		To:	
	Telephone:		
	Job Title:		
	Supervisor:		
Hourly Rate/ Salary At Time Of Employment End			
Reason For Leaving:			
Description of Job Duties:			

3.

Employer Name & Address	Dates Employed	From:	
		To:	
	Telephone:		
	Job Title:		
	Supervisor:		
Hourly Rate/ Salary At Time Of Employment End			
Reason For Leaving:			
Description of Job Duties:			

4.

Employer Name & Address	Dates Employed	From:	
		To:	
	Telephone:		
	Job Title:		
	Supervisor:		
Hourly Rate/ Salary At Time Of Employment End			
Reason For Leaving:			
Description of Job Duties:			

If you need additional space, please continue on a separate sheet of paper

Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

BACKGROUND INFORMATION

Are You A Citizen Of The United States?

Yes No

If "No", Do You Possess An I-151 Card, An I-551 Card, An I-94 Card Stamped "Employment Authorized", Or Any Other Proof Of Employment Authorization From The U.S. Citizenship and Immigration Services?

Yes No

NOTE: If answer is "No" to both, you are ineligible for employment as we hire U.S. citizens and lawfully authorized alien workers.

Have You Ever Been Convicted Of A Felony Or A First-Degree Misdemeanor?

If "Yes, what charges? _____ Yes No

Where convicted? _____ Date of conviction: _____

Have You Ever Pled "Nolo Contendere" Or Pled "Guilty" To A Crime, Which Is A Felony Or A First Degree Misdemeanor?

If "Yes, what charges? _____ Yes No

Where convicted? _____ Date of conviction: _____

Have You Ever Had Adjudication Of Guilt Withheld To A Crime, Which Is A Felony Or A First Degree Misdemeanor?

If "Yes, what charges? _____ Yes No

Where convicted? _____ Date of conviction: _____

Have You Ever Been A Defendant In A Civil Action For Intentional Tort? Include The Nature Of The Intentional Tort And The Disposition Of The Action.

If "Yes, what charges? _____ Yes No

Where convicted? _____ Date of conviction: _____

NOTE: A "Yes" answer to these questions will not automatically bar you from employment. The nature, severity and date of the offense in relation to the position for which you are applying are considered.

Applicant's Statement

I certify that all statements made on this application are true and complete to the best of my knowledge. I hereby authorize DISC Village to investigate any statement contained in this Application For Employment as may be necessary in arriving at an employment decision. I understand that any misstatement of material facts herein may invalidate my application for employment with DISC Village. I understand that a background/screening check will be conducted in accordance with DISC Village Policy and/or Florida Law and that a falsification on this application regarding a criminal record, will be grounds for rejection or termination if employed.

I understand that DISC Village is a Drug-Free Workplace and that if I am recommended for employment, I will be required to undergo drug testing and that a negative drug test is a condition of employment. Refusal to submit to a drug test will be grounds for rejection.

I acknowledge that, unless otherwise defined by applicable law, any employment relationship with DISC Village is of an "at will" nature. I understand, also, that I am required to abide by all company rules and regulations.

Signature of Applicant

Date



DISC Village, Inc.
Employment References

APPLICANT INFORMATION:

Last Name	First Name	Middle Name
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NOTE: Please do not include family members as personal references. By providing the following contact information, you authorize DISC Village, Inc. to contact these references to gather information about your past employment history and suitability to work with our clients. Also, you release all parties from any and all liability in providing such information. Your placement as an employee with DISC Village, Inc. is not dependent on signing this release.

Signature

Date

PAST EMPLOYMENT REFERENCES:

1.

Employer Name & Address	Dates Employed	From:	
		To:	
	Telephone:		
	Job Title:		
	Contact Person:		
Hiring Supervisor's Notes:			

2.

Employer Name & Address	Dates Employed	From:	
		To:	
	Telephone:		
	Job Title:		
	Contact Person:		
Hiring Supervisor's Notes:			

PERSONAL REFERENCES:

1.

Name & Address:	Telephone Number:	
	Length Known:	
	Relationship To Applicant:	

Hiring Supervisor's Notes:

2.

Name & Address:	Telephone Number:	
	Length Known:	
	Relationship To Applicant:	

Hiring Supervisor's Notes:

Supervisor's Signature

Completion Date

Employment Data Record

Employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other legally protected status.

As an employer with Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose for this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is optional.

If you choose to volunteer the requested information please note that all Data Records are kept in a Confidential File and are not a part of your Application for Employment or personnel file.. Please note: YOUR COOPERATION IS VOLUNTARY, INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.

VOLUNTARY SURVEY

Government agencies at times require reports on the sex, ethnicity, handicap, veteran and other protected status of employees. This data is for statistical analysis and submission of this information is VOLUNTARY.

Last Name	First Name		Middle Name
Address	City	State	Zip
Date of Birth		Social Security Number	

Complete only the section below that have been checked.

Position Applying For:			
Check One:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Check One Of The Following: (Ethnic Origin)	<input type="checkbox"/> White <input type="checkbox"/> African American <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Hispanic/Latin <input type="checkbox"/> Other: _____		
Check All That Apply:	<input type="checkbox"/> Vietnam Era Veteran <input type="checkbox"/> Veteran with a disability <input type="checkbox"/> Individual with a disability		