

Florida Alliance for Assistive Services and Technology, Inc.

EMPLOYMENT APPLICATION

Equal Opportunity Employer/Affirmative Action Employer

*** The Florida Alliance for Assistive Services and Technology, Inc. (FAAST) is a 501(c)(3) not-for-profit organization. FAAST is a drug free workplace and does not tolerate violence in the workplace. ***

GENERAL INSTRUCTIONS

- Type or print in ink this application in it's entirety.
 - Specify the position for which you are applying. (**Note:** A separate application must be submitted for each vacancy. Photocopies are acceptable.)
 - Submit your application to FAAST no later than the close of business on the announced deadline date.
 - Sign your name in the Certification Section (page 7). All information required and submitted is subject to verification.
 - Notify the agency's hiring authority in advance if you are requesting reasonable/disability related accommodations to participate in the employment process.
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POSITION APPLIED FOR:

Agency: _____

Title: _____

Date Available: _____

Minimum Acceptable Salary: _____

HOW DO WE CONTACT YOU?

Your Name: _____

Social Security Number: _____

Mailing Address: _____

County: _____

Home Phone _____

Business Phone _____

Cell phone _____

SUNCOM (State Employees) _____

Best time to contact you _____

E-mail Address _____

EDUCATION

Be aware that verification of diplomas, licenses, and certificates are required and transcripts upon request must be provided.

High School: _____

Name/Location of School: _____

Received: Diploma _____ Other (specify) _____ None _____

Date Graduated: _____

Your name if different while attending school: _____

College, University or Professional School: (transcripts may be required)

Name of School: _____

Location: _____

Dates of Attendance (Month / Year): _____ From: _____ To: _____

Credit Hours Earned: _____ Qtr: _____ Semester: _____

Major / Minor Course of Study: _____

Type of Degree Earned: _____

Your name if different while attending school: _____

Job-Related Training or Course Work: (vocational, trade, governmental, business, armed forces, etc.)

Name of School: _____

Location: _____

Dates of Attendance (Month / Year): _____ From: _____ To: _____

Credit Hours Earned: _____ Class _____ Clock _____

Course of Study: _____

Training Completed? Yes _____ No _____

Your name if different while attending school: _____

LICENSURE, REGISTRATION, CERTIFICATION

Examples: Bar License Number, Teacher Certification, RN, LPN, PE, CPA, etc.

License Registration or Certification: _____

Number: _____

Date Received: _____

Expiration Date: _____

State Licensing Agency: _____

PERIODS OF EMPLOYMENT

Describe your work experience in detail, beginning with your current or most recent job. Include military service (indicate rank) and job-related volunteer work, if applicable. Indicate number of employees supervised. **Use a separate block to describe each position and specify if there are any gaps in employment.** If needed, attach additional sheets, using the same format as on the application. All information in this section **must** be completed. **Resumes may be attached to provide additional information but may not be substituted for this employment application.**

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Name of Present or Last Employer: _____

Address: _____

Phone No. _____

Your Job Title: _____

Supervisor's Name: _____

FROM: ____ / ____ / ____
Month Day Year

TO: ____ / ____ / ____
Month Day Year

HOURS PER WEEK: _____

Your name if different during employment: _____

Duties and Responsibilities: _____

Salary Earned: _____

Reason for Leaving: _____

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Name of Previous Employer: _____

Address: _____

Phone No. _____

Duties and Responsibilities: _____

Salary Earned: _____

Reason for Leaving: _____

KNOWLEDGE / SKILLS / ABILITIES (KSAs)

List KSAs you possess and believe relevant to the position you seek, such as operating office equipment, computer skills, fluency in language(s), etc.

EXEMPTION FROM PUBLIC RECORDS DISCLOSURE

ARE YOU A CURRENT OR FORMER LAW ENFORCEMENT OFFICER, OTHER EMPLOYEE OR THE SPOUSE OR CHILD OF ONE, WHO IS EXEMPT FROM PUBLIC RECORDS DISCLOSURE UNDER §119.07, F.S.

YES NO

Please specify

BACKGROUND INFORMATION

Be aware background checks may be conducted.

Driver's License Number / Identification Card Number: _____

Date Issued: _____ Date Expired / to Expire: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR A FIRST DEGREE MISDEMEANOR?

YES NO

If "YES", what charges?

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? _____

Where? _____

Date: _____

HAVE YOU EVER HAD THE ADJUDICATION GUILT WITHHELD FOR A CRIME WHICH IS A FELONY OR A FIRST DEGREE MISDEMEANOR?

If "YES", what charges?

Where? _____ Date: _____

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

CITIZENSHIP

FAAST can only hire U.S. Citizens and lawfully authorized alien workers. If a conditional offer of employment is made, you will be required to provide identification and proof of citizenship or authorization to work in the U.S.

Be aware you will be required to provide verification of Social Security card and/or birth certificate.

ARE YOU A U.S. CITIZEN OR ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.? YES NO

RELATIVES

TO YOUR KNOWLEDGE, DO YOU HAVE ANY RELATIVES WORKING FOR FAAST?

YES NO

CERTIFICATION

I am aware that any omissions, falsifications, misstatements, or misrepresentations above may disqualify me for employment consideration and, if I am hired, may be grounds for termination at a later date. I understand that any information I give may be investigated as allowed by law. I consent to the release of information about my ability, employment history, and fitness for employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel staff, and other authorized employees of FAAST for employment purposes. This consent shall continue to be effective during my employment if I am hired. I understand that applications submitted to FAAST for employment are public records except as exempted above. I certify that to the best of my knowledge and belief all of the statements contained herein and on any attachments are true, correct, complete, and made in good faith.

SIGNATURE _____ DATE: _____