

Applicant Name: _____ Date: _____

First Step of Sarasota, Inc.
1970 Main Street, 5th Floor
Sarasota, FL 34236
941-366-5333

Application for Employment

Please read the following information before completing the application and sign below.

- First Step of Sarasota, Inc. is an equal opportunity employer. All applicants will be given equal consideration regardless of race, color, creed, religion, sex, sexual orientation, age, national origin, citizenship status, martial status, status as a Vietnam Era veteran, handicap or disability.
- First Step of Sarasota, Inc. is committed to maintaining a work environment, which promotes the health, safety and productivity of our employees. In order to accomplish this goal, we are committed to providing a drug-free workplace as required by the "Drug-Free Workplace Act of 1988." Drug screening is required as a condition of employment. By signing this application, you agree to hold First Step of Sarasota, Inc. and/or its affiliates harmless for any claims resulting from such screening for drug use.
- You are not obligated to furnish information which would indicate race, color, creed, religion, sex, sexual orientation, age, national origin, citizenship status, martial status, status as a Vietnam Era veteran, handicap or disability.
- Falsification of any information on this application may subject applicant to disqualification for consideration for employment or may result in the termination of an applicant subsequently employed by First Step of Sarasota, Inc.
- This application will remain active for a period of 30 days from date completed. After that time, you must re-apply for future employment consideration.

Applicant Signature: _____

NOTE: Employment verification "E-Verify" done. Federal law requires all employees to verify the identity and employment eligibility of all persons hired to work in the United States.

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Application for Employment

Last Name: _____ First Name: _____ Middle: _____

Street Address: _____

City, State, Zip Code: _____

Home Telephone: _____

Position Desired: _____ Salary Desired: \$ _____

What kind of work do you generally prefer? _____

How were you referred to us? _____

Are you currently employed? Yes No

On what date would you be available for work? _____

Are you legally eligible to live and work in the United States? Yes No

Are you at least 18 years of age? Yes No

Please indicate the shifts you may be available to work:

Full Time Part Time On-Call All Shifts

Days Evenings Weekends Overnight (11 pm - 7 am)

Have you ever applied for employment with us, or have been employed by us, before?

No Yes Date: _____

List friends or relatives employed by First Step:

Name: _____ Name _____

Name: _____ Name _____

Have you ever been bonded? Yes No

List foreign languages you speak: _____

Have you ever been charged or convicted of a crime which has/has not been annulled, expunged or sealed by a court? No Yes If yes, please describe in full: _____

NOTE: Answering YES to any of the above questions may not necessarily disqualify you from the position desired. Each action and explanation will be weighed and considered in relationship to the position for which you are applying.

School	Name, City and State of School	Course of Study (College Major)	Number of Years Completed	Did you Graduate? (Yes or No)	Degree or Diploma Received (Arts or Science)
High School					
College					
Graduate					
Business, Trade or Technical					

Supplemental Training/Seminars: _____

Are you taking any course of study now? No Yes If yes, provide detail: _____

Date to be completed: _____

In what business, professional or scientific associations to you hold membership, certifications and/or licensure? _____

List any scholastic honors, honorary societies, fellowships and scholarships: _____

Describe any other experience which might be helpful in considering your application (particularly those related to alcohol/substance abuse): _____

Military Service Record

Where you in the U.S. Armed Forces? No Yes Branch: _____

Length of active duty service: _____ Rank at discharge: _____

List any training you received in the U.S. Armed Forces that is relevant to the position applied for:

Office Skills

What office machines can you use? _____

Computer Skills (list programs you have used): _____

Typing Speed: _____ /wpm Shorthand Speed: _____ /wpm

Employment History

Please give an accurate and complete 10-year history beginning with your most recent employer. Include all periods of full- and part-time employment including U.S. Armed Forces experience, periods of travel, self-employment and unemployment. Resume can be substituted for job duties only. Please complete all other items.

Company Name: _____ Phone Number: _____

Street Address: _____ Suite/Floor #: _____

City, State and Zip: _____

Employed From: ____ / ____ to ____ / ____ Supervisor: _____

Mo. Yr. Mo. Yr. Department: _____

Job Title: _____ Duties: (Detailed resume may be substitute for duties only)

Reason for Leaving: _____

Your name while employed (if different from present name): _____

Company Name: _____ Phone Number: _____

Street Address: _____ Suite/Floor #: _____

City, State and Zip: _____

Employed From: ____ / ____ to ____ / ____ Supervisor: _____

Mo. Yr. Mo. Yr. Department: _____

Job Title: _____ Duties: (Detailed resume may be substitute for duties only)

Reason for Leaving: _____

Your name while employed (if different from present name): _____

Company Name: _____ Phone Number: _____

Street Address: _____ Suite/Floor #: _____

City, State and Zip: _____

Employed From: ____ / ____ to ____ / ____ Supervisor: _____

Mo. Yr. Mo. Yr. Department: _____

Job Title: _____ Duties: (Detailed resume may be substitute for duties only)

Reason for Leaving: _____

Your name while employed (if different from present name): _____

Employment History Continued

Company Name: _____ Phone Number: _____

Street Address: _____ Suite/Floor #: _____

City, State and Zip: _____

Employed From: ____ / ____ to ____ / ____ Supervisor: _____
Mo. Yr. Mo. Yr. Department: _____

Job Title: _____ Duties: (Detailed resume may be substitute for duties only)

Reason for Leaving: _____

Your name while employed (if different from present name): _____

Company Name: _____ Phone Number: _____

Street Address: _____ Suite/Floor #: _____

City, State and Zip: _____

Employed From: ____ / ____ to ____ / ____ Supervisor: _____
Mo. Yr. Mo. Yr. Department: _____

Job Title: _____ Duties: (Detailed resume may be substitute for duties only)

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Job Title: _____ Duties: (Detailed resume may be substitute for duties only)

Reason for Leaving: _____

Your name while employed (if different from present name): _____

Applicant's Statement

I certify that all the answers and information on this application are accurate and true to the best of my knowledge. I understand that supplying any false or misleading information is sufficient cause for the rejection of this application, or dismissal from subsequent employment. I hereby authorize the use of any information included herein to verify my statements in this application and authorize past employers, all references and any other persons to answer all questions asked concerning my ability, character, reputation and previous employment record. I release First Step of Sarasota, Inc. and/or its affiliates, all other persons and employers from any liability or damages as a result of having furnished such information.

I understand that nothing contained in this employment application, or in the granting of an interview, is intended to create an employment contract between First Step of Sarasota, Inc. and/or its affiliates and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon First Step of Sarasota, Inc. and/or its affiliates unless made in writing. If an employment relationship is established, I understand I have the right to terminate my employment at any time and that First Step of Sarasota, Inc. and/or its affiliates retains the same right.

I understand that prior to being offered employment with First Step of Sarasota, Inc. and/or its affiliates I may be requested to take an examination. In the event that I have disability, which will affect my ability to take the test, I will inform First Step of Sarasota, Inc. and/or its affiliates prior to the administration of the test so that a reasonable accommodation can be made. Requested accommodations may include accessible testing sites, modified testing conditions and accessible testing formats. First Step of Sarasota, Inc. and/or its affiliates reserve the right to require medical documentation concerning the need for the accommodation.

I understand that if an offer of employment is made to me, it is contingent upon my successful completion of a drug screen, including specimen collection and release of test results to First Step of Sarasota, Inc. and/or its affiliates. I also understand that if the test results indicate that I have been consuming any illegal drugs, or non-prescribed controlled substances, these findings may disqualify me from employment. I further understand that as a condition of employment, I may be required to participate in future breath, urine or blood screens, or other medical examinations used to detect alcohol, illegal drugs or misused substances. If I refuse to submit to or release the results of these examinations, or if the test results indicate that I was under the influence of any of these substances, First Step of Sarasota, Inc. and/or its affiliates has cause to terminate my employment.

I understand that policies and rules issued by First Step of Sarasota, Inc. and/or its affiliates may be revised in whole or in part at any time. I further understand there is a 90-day orientation period during which time employment may be terminated without cause.

I understand and agree that if I am offered employment by First Step of Sarasota, Inc. and/or its affiliates, my employment will be for no definite term and that either I or First Step of Sarasota, Inc. and/or its affiliates will have the right to terminate the employment relationship at any time, with or without cause, and with or without notice. I also understand that this status can only be altered by a written contract of employment which is specific as to all material terms and is signed by me and an administrator of First Step of Sarasota, Inc.

Applicant's Signature: _____ Date: _____