

8471 W. Periwinkle Lane, Suite B Homosassa Springs FL 34446 www.friendsofcitrus.org

APPLICATION FOR EMPLOYMENT

Conditions of employment are stated at the end of this form. Please read carefully before you sign this application. Application must be completed in full even if you attach a resume.

www.friendsofcitrus.org		Date:
Position Applied for: Application in response to: Newspa		FT PT PRN
Application in response to: \(\subseteq \text{Newspa} \)	aper Website Other:	
Name:	Phone #:	
If no phone, how may we contact you:	:	
Address:	C	City:
State: Zip Code:	Email:	
Expected Salary:		
When will you be available to begin we Are there any days you are unable to	ork? work?	
Have you ever worked for this organiz If yes, date worked:	ation or its divisions?	□ No
Can you perform the essential function If no, please explain. If you have any which you are applying, please ask the	questions as to what functions	are applicable to the position for
Are you legally eligible to be employed and eligibility will be required upon em		ca? Yes No Proof of identity
Have you signed a non-compete claus Citrus and the Nature Coast? Yes Office.		
Have you ever been convicted of a fel include the dates of conviction, final di	· —	
A conviction will not necessarily result injury, defamation, slander or been inversible the date, final disposition and	volved in any case resulting in p	

Are you present If presently emp	itly employed?	No May dering lea	we contact y ving?	our emplo	oyer? 🗌 Yes	□ No
EDUCATION						
Do you hold any professional certifications that pertain for which you are applying? Yes No Name of Certifications:						
	Name and Location of School	on	Course o	f Study	Years Completed	Diploma or Degree Received
High School						
College						
Vocational or Trade School						
Graduate Work						
EMPLOYMENT HISTORY Start with most current position						
Name of Emplo	oyer:					
Telephone Nun	mber:					
Full Address:						
City:			State:		Zip Code:_	
Dates Employe	ed: From:	_ To:		_ Final Ra	te of Pay:	
Title: Reason for leaving:						
	oyer:					
	mber:					
Full Address:						
Dates Employe	ed: From:	_ To:		_ Final Ra [,]	te of Pay:	
Title:		Reaso	on for leaving	g:		

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Name of Employer:				
Telephone Number:				
Full Address:				
City:	State:	Zip Code:		
Dates Employed: From:	_To:	_ Final Rate of Pay:		
Title: Reason for leaving:				
ATTENDANCE AND PUNCTUALITY INFORMATION				

Consistent attendance and punctuality are essential requirements of every job within this organization. Is there anything which would interfere with your regular attendance and punctuality if you were offered

a job with this organization? Tyes No

If yes, please explain:__

FRIENDS OF CITRUS AND THE NATURE COAST IS PROUD TO BE AN EQUAL OPPORTUNITY EMPLOYER. ALL QUALIFIED APPLICANTS WILL RECEIVE CONSIDERATION WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, DISABILITY, VETERANS OR ANY OTHER STATUS PROTECTED BY LAW.

FRIENDS OF CITRUS AND THE NATURE COAST IS A DIRECT DEPOSIT ORGANIZATION. AT THE TIME OF HIRE, YOU WILL RECEIVE THE NECESSARY PAPERWORK TO IMPLEMENT YOUR DIRECT DEPOSIT.

READ AND SIGN LAST PAGE

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APPLICANT ACKNOWLEDGMENT AND AUTHORIZATION

PLEASE READ CAREFULLY BEFORE SIGNING

I hereby certify that all of the information provided by me in this application and any other accompanying documents is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment. I further understand that, should offer of employment be extended by Friends of Citrus and the Nature Coast, such employment at Friends of Citrus and the Nature Coast is at will, for no specific duration and may be terminated by Friends of Citrus and the Nature Coast or me at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements of Friends of Citrus and the Nature Coast representatives used during the employment process is deemed a contract of employment real or implied.

In consideration for employment with Friends of Citrus and the Nature Coast, if employed, I agree to conform to the rules, regulations, policies and procedures of Friends of Citrus and the Nature Coast at all times and understand that such compliance is a condition of employment.

I understand that if offered a position with Friends of Citrus and the Nature Coast, I will be required to consent to a pre-employment medical examination, drug screening, criminal background check, and motor vehicle check as a condition of employment. I permit Friends of Citrus and the Nature Coast to utilize the information gathered in any way deemed necessary to make an employment decision, and release Friends of Citrus and the Nature Coast and those providing information from gathering or using such information. I understand unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of theses pre-employment tests or checks will result in withdrawal of any employment offer or termination of employment if already employed.

Friends of Citrus and the Nature Coast may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, gathered by the consumer reporting agency and reported to the Company. These reports may contain, but may not be limited to, information regarding your criminal history, credit history, motor vehicle records ("driving records"), verification of your education or employment history or other background checks.

I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to Friends of Citrus and the Nature Coast, any division of and/or any of its representatives, agents or vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information. I understand that this application is considered current for 1 year. If I wish to be considered for employment after this period, I must fill out and submit a new application.

By signing below I acknowledge that I have re	ead, understood and agree to the above statements.
Signature	Date

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