



**Northeast Florida Community
Action Agency, Inc.**
Post Office Box 52025
Jacksonville, Florida 32201
(904) 398-7472

APPLICATION FOR EMPLOYMENT
(An Equal Opportunity Employer)

PERSONAL INFORMATION Complete *all* applicable information

Name (Full – Last, First, MI)			Date:	
Street Address:		City	State	Zip
Home Phone	Business Phone	Are you legally authorized to Work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you willing to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Weekends <input type="checkbox"/> Evenings <input type="checkbox"/> Nights			When could you start employment?	
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes give dates and explain in the space on the back). (A conviction will not necessarily disqualify you from employment)			Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever applied for employment with NFAAA? <input type="checkbox"/> Yes <input type="checkbox"/> No When? Where?		What position(s) are you applying for?	How did you hear about this position?	

EMPLOYMENT HISTORY (List below last three employers, starting with the most recent one first)

Present or Last Position		Name of Employer		From Mo/Yr	To Mo/Yr
Street Address:		City	State	Zip	
Duties:		Reason for Leaving:			
Starting Annual Salary	Final Annual Salary	Bonus	Commission	May we contact your supervisor?	
Name of Supervisor		Title and Department of Supervisor		Phone Number of Supervisor	

Next Previous Position		Name of Employer		From Mo/Yr	To Mo/Yr
Street Address:		City	State	Zip	
Duties:		Reason for Leaving:			
Starting Annual Salary	Final Annual Salary	Bonus	Commission		
Name of Supervisor		Title and Department of Supervisor		Phone Number of Supervisor	

Next Previous Position		Name of Employer		From Mo/Yr	To Mo/Yr
Street Address:		City	State	Zip	
Duties:		Reason for Leaving:			
Starting Annual Salary	Final Annual Salary	Bonus	Commission		
Name of Supervisor		Title and Department of Supervisor		Phone Number of Supervisor	

EDUCATION INFORMATION (Including Honors Received)

High School or GED	Address	City	State	Degree/Date	Subjects Studied	
College	Address	City	State	Degree/Date	Major	GPA
Graduate School	Address	City	State	Degree/Date	Major	GPA

GENERAL

Additional Space (if needed):

Have you ever been dismissed or forced to resign from any employment? Yes No If yes explain.

Have you ever been disciplined or fired for insubordination? Yes No If yes explain.

Have you ever been disciplined or discharged for violation of a safety rule? Yes No If yes explain.

Have you ever been disciplined or fired for fighting, assault or similar offenses? Yes No If yes explain.

Are you related to anyone at NFCAA? Yes No If yes, please state name and relationship:

Are you available to travel?	Any limitations?
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What business equipment can you operate? (For example, computers, copiers, etc.)

In what computer software programs are you **proficient**? [Name the package(s). List any special certifications, etc..]

CHARACTER REFERENCES (List three persons not related to you, whom you have known at least one year).

Name:	Address	Phone	City	State	Occupation
Name:	Address	Phone	City	State	Occupation
Name:	Address	Phone	City	State	Occupation

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY

Conditions of Employment

Please read this section carefully. Sign and date the bottom.

1. *I authorize the investigation of all statements contained in this application. I understand that misrepresentation or material omission of facts is cause for dismissal, whenever such falsification or omission is discovered. I authorize all my previous employers and references to furnish any information concerning my personal character, habits or employment records. I release all such persons from liability or damages incurred as a result of this inquiry and furnishing this information. I further understand that any information omitted from this application could be considered grounds for immediate termination.*
2. *I understand and agree that my employment is for no definite period and may be terminated by me or the Agency at any time, for any reason, with or without cause or previous notice, regardless of the date of payment of my wages and salary. I also acknowledge that any offer of employment or my acceptance of any employment offer may be withdrawn for any reason at any time, and without prior notice at the option of the Agency or me. No one can create a contract of employment either expressed or implied except in writing specifically to me.*
3. *If employed by the Agency, I will comply with all rules, regulations, and directives. I further understand that these rules and regulations may be changed, interpreted, withdrawn, or added to by the Agency at any time, at the Agency's sole option and without any prior notice to me.*
4. *In making this application for employment, I understand that a routine investigative report may be made. This inquiry includes information as to my character, general reputation, personal characteristics, and mode of living, whichever may be applicable. In addition, the report includes a criminal record check, driver's license check, education verification, and a public records check.*
5. *I voluntarily agree to submit to a drug test as part of my application for employment, if requested to do so. I understand that refusal to submit to the test or failure to pass the test according to the standards established by the Agency will disqualify me from further consideration for employment. I further understand that I may again be required to submit to a drug test during my employment with the Agency and if I refuse to take the test or fail to pass it according to the standards set by the Agency, I may be suspended or terminated immediately.*

Date	Signature
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