



EMPLOYMENT APPLICATION

apply@saluscareflorida.org

Important notice: SalusCare, Inc. is an equal opportunity employer. All applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, genetic information, marital or veteran status or disability. SalusCare is a drug free workplace and adheres to the drug free workplace program as outlined under Florida worker's compensation law. All applicants being considered for employment will be required to undergo a drug screen. Refusal to submit or positive results of the test will prohibit you from being offered employment. ** Failure to fully complete this application may result in non-consideration **

DATE OF APPLICATION:	POSITION(S) APPLIED FOR (please list in order of preference):		
	1. _____	2. _____	
	3. _____	4. _____	
Referral Source (Please check one):	<input type="checkbox"/> Newspaper <input type="checkbox"/> Walk-in <input type="checkbox"/> SalusCare Website	<input type="checkbox"/> Job Search Website _____ <input type="checkbox"/> SalusCare Employee _____ <input type="checkbox"/> Other _____	

APPLICANT INFORMATION:

Last Name		First Name		Middle Initial	Social Security # _____ - _____ - _____	
Current Address	Street		City		State	Zip Code
Phone Numbers	Home Telephone () _____		Cell Phone () _____		Business Phone () _____	
Other	E-mail address _____					
Have you ever worked under a different name? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please specify _____						
Have you ever been employed by SalusCare, SWFAS or Lee Mental Health Center before? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", give dates _____						
Have you ever been offered a position by this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", give dates _____						
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No			May we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you any friends or relatives in our employ? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please complete items below:						
Name _____		Relationship _____				
Name _____		Relationship _____				
Are you legally eligible for employment in the United States? (If offered employment you will be required to provide genuine proof of identity and eligibility) <input type="checkbox"/> Yes <input type="checkbox"/> No						
If a conditional offer were made, on what date would you be available to begin work? _____				Expected Salary?		
Are you available to work:	Full Time?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If required, would you be willing to work:	Evenings?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Part Time?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		Weekends?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Shift Work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		Overtime?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Temporary?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		Rotating schedule?	<input type="checkbox"/> Yes <input type="checkbox"/> No

NOTE: All applications are kept in our active files for three months from the date of the application (a new application will be required after this time).

EDUCATION & TRAINING:

	Schools	Grade Completed or Degree Type (ex: HS dip., AA, BA, BS, MA, PhD, DO) <i>Write "N/A" if a degree was <u>not</u> earned</i>	Course or (College) Major
High School	Name		
	Location		
College	Name		
	Location		
Graduate or Professional	Name		
	Location		
Business or Trade School	Name		
	Location		
Describe specialized training, apprenticeship and/or any additional education information you feel may be helpful to us in considering your application			

Please list any current professional licenses or certifications you hold (ex: LPN, RN, CAP, LCSW, MD, DO, etc)

TYPE	NUMBER	STATE	EXPIRATION DATE

SKILLS: Please list computer software packages you can effectively use. Please be careful to write the name of the software package in the space below that best represents your *current* skill level:

	BEGINNER	INTERMEDIATE	ADVANCED	
Software Package (list by name)				
Summarize any other special skills and qualifications acquired from employment or other experience:				
Please list ALL languages you speak, read and/or write:	LANGUAGE (list below)	SPEAK	READ	WRITE
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

DRIVING RECORD:

Do you have a valid <i>Florida</i> driver's or chauffeur's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a valid out of State Driver's or chauffeur's license? <input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", license # _____	If "No", please explain: _____
If the position requires it, do you have a reliable form of transportation for business travel? <input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYMENT RECORD: Starting with your most recent employer, list all prior work experience. Include any United States Military/or State Militia Service. If you resigned, indicate why. If you were terminated, indicate the reason you were given by your employer. This section **must be filled out completely for employment consideration**. If more space is needed to list additional work experience, please request an additional sheet. *A résumé may not be attached as a substitute for this section, but may be included with the application.*

COMPANY NAME				DATES OF EMPLOYMENT		FROM: (MM/YY)	TO: (MM/YY)
ADDRESS (STREET)				HOURLY RATE OF PAY OR SALARY		START: \$	END: \$
(CITY)	(STATE)	(ZIP CODE)	(TELEPHONE)	NO. HOURS PER WEEK?	FULL OR PART TIME?	<input type="checkbox"/> F/T	<input type="checkbox"/> P/T
JOB TITLE				BRIEFLY DESCRIBE NATURE OF WORK AND DUTIES PERFORMED			
SUPERVISOR'S NAME & TITLE							
REASON FOR LEAVING							
EXPLAIN ANY PERIOD OF UNEMPLOYMENT (BETWEEN JOBS) OF ONE MONTH OR MORE:							
WHICH OF OUR TARGET POPULATIONS DID YOU SERVE IN THIS POSITION?				MENTAL HEALTH _____ SUBSTANCE ABUSE _____ BOTH _____ N/A _____			
WHICH AGE GROUP(S) DID YOU SERVE WITHIN THE TARGET POPULATION?				ADULTS _____ CHILDREN _____ BOTH _____ N/A _____			
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GENERAL:

Have you ever been discharged or asked to resign from any employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes" please provide company name(s) and details
Have you ever been convicted of a felony or filed a plea of nolo contendere or other plea amounting to an admission of guilt (on a felony level charge)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes" please explain
Have you ever been convicted of the violation of any law prohibiting abuse against a child, or an act of domestic violence?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes" please explain

REFERENCES:

Please give name, address and phone number of three (3) character references that are **not** related to you and are **not** previous employers.

NAME	ADDRESS (City and State)	DAYTIME PHONE NUMBER(S)

CONDITIONS OF EMPLOYMENT:

I authorize the references listed and previous employers to give you any and all pertinent information they may have and release all parties from any liability concerning the information they release. I hereby certify that the information listed on this application is true and correct. I understand that if any false, incomplete or misleading information is given by me on this application, I will be disqualified for employment. Also, if such falsification of this application is discovered once I am employed, I understand it will constitute grounds for discipline up to and including termination.

I agree to undergo fingerprinting and provide information needed for the background screening required by Florida statutes. I understand that satisfactory results from such screening are a condition of my continued employment. I understand and agree that I will be required to undergo a drug/alcohol screening and that refusal to take this test or positive results will result in an ineligible employment status.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for SalusCare to hire me. If hired, I understand that my first 90 days are considered an initial employment/probationary period. I further understand that my continued employment depends on satisfactory completion of this initial employment/probationary period. If hired, I also understand that my employment relationship with SalusCare, Inc. is "at will" and I cannot be guaranteed employment for any specific duration. As an employee I may resign at any time or be discharged at any time, with or without cause. This employment relationship may not be changed at any time unless it is in a formal written agreement signed by both me and the President / CEO.

Applicant Signature

Date