**APPLICATION FOR EMPLOYMENT**

The Ounce of Prevention Fund of Florida is an Equal Opportunity Employer. Race, color, religion, age, sex, disability, marital or veteran status, place of national origin, and other categories protected by law are not factors in employment, promotion, compensation, or working conditions.

**Please fill in the form below, save, print, and sign. Upon completion, please submit to the contact person designated in the job announcement.**

Date of Application:       (mm/dd/yyyy)

**Applicant Information**

|  |  |
| --- | --- |
| Position for which you are applying: |       |
| Name:  |       |
| Address:  |       |  |       |  |       |  |       |
|  | Street |  | City |  | State |  | Zip Code |
| Telephone:  |       (555-555-5555) | Alternative Phone Number:  |       (555-555-5555) |
| Do you have a valid Florida driver's license? | [ ]  | Yes | [ ]  | No |  |
| Have you ever applied to, or worked for The Ounce of Prevention Fund before?  | [ ]  | Yes | [ ]  | No |
| If yes, when? |       |
| Do you have any friends or relatives working for The Ounce of Prevention Fund? | [ ]  | Yes | [ ]  | No |
| If yes, state name and relationship: |       |
| How did you hear about us/this opening? |       |
| State briefly why you would like to work The Ounce of Prevention Fund: |

*All candidates being considered for employment by the Ounce of Prevention Fund will be subject to a level one background screening, according to Florida Statutes, which includes but is not limited to employment history checks and statewide criminal correspondence checks through the Florida Department of Law Enforcement. When contractually required, applicants or existing employees of the Ounce of Prevention Fund will also be subject to a level two background screen, according to Florida Statutes. This screening shall include but not be limited to fingerprinting to conduct a statewide criminal and juvenile records checks through the Florida Department of Law enforcement, and federal criminal records checks through the Federal Bureau of Investigation.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Have you ever been convicted of a felony (excluding any sealed or expunged convictions)? | [ ]  | Yes | [ ]  | No |

If yes, explain:

**General Information about Employment Desired**

|  |  |
| --- | --- |
| If hired, when could you start work? |       (mm/dd/yyyy) |
| Are you able to travel on company business? | [ ]  | Yes | [ ]  | No | Percentage of time willing to travel: |     |

|  |
| --- |
| **Education and Training** |
|  | **School/Location** | **Course of Study** | **Year Completed** |
| High School |       |       |       |
| Community College |       |       |       |
| Trade School |       |       |       |
| College/University |       |       |       |
| Other Training |       |       |       |

**Special Skills**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you speak, write, or understand any foreign languages? | [ ]  | Yes | [ ]  | No |
| If yes, which language(s): |       |
| Do you have any other experience, training, qualifications or skills that you feel make you especially suited for work at The Ounce of Prevention Fund? | [ ]  | Yes | [ ]  | No |

If yes, explain:

|  |  |
| --- | --- |
| Professional Society Memberships:  |       |
| Professional Licenses (list states): |       |

|  |
| --- |
| **Computer Skills** |
| **Software Applications** | **Level of proficiency** |
| Microsoft Outlook | [ ]  | Beginner | [ ]  | Intermediate | [ ]  | Advanced |
| Microsoft Word | [ ]  | Beginner | [ ]  | Intermediate | [ ]  | Advanced |
| Microsoft Excel | [ ]  | Beginner | [ ]  | Intermediate | [ ]  | Advanced |
| Microsoft Access | [ ]  | Beginner | [ ]  | Intermediate | [ ]  | Advanced |
| Microsoft PowerPoint | [ ]  | Beginner | [ ]  | Intermediate | [ ]  | Advanced |
| Adobe Professional | [ ]  | Beginner | [ ]  | Intermediate | [ ]  | Advanced |
| Other: | [ ]  | Beginner | [ ]  | Intermediate | [ ]  | Advanced |
| Other: | [ ]  | Beginner | [ ]  | Intermediate | [ ]  | Advanced |

**Employment History**

List last three employers starting with your present or most recent position below.

|  |  |
| --- | --- |
| Name of Company: |       |
| Name of Supervisor: |       |
| Address: |       |  |       |  |     |  |       |
|  | Street |  | City |  | State |  | Zip Code |
| Telephone Number: |       |

Position and Duties:

|  |  |  |  |
| --- | --- | --- | --- |
| Dates of Employment:  |       |  |       |
|  | From |  | To |
| Starting Annual Rate of Pay: |       | Ending Rate of Pay: |       |
| Reason for Leaving: |       |

|  |  |
| --- | --- |
| Name of Company: |       |
| Name of Supervisor: |       |
| Address: |       |  |       |  |     |  |       |
|  | Street |  | City |  | State |  | Zip Code |
| Telephone Number: |       |

Position and Duties:

|  |  |  |  |
| --- | --- | --- | --- |
| Dates of Employment:  |       |  |       |
|  | From |  | To |
| Starting Annual Rate of Pay: |       | Ending Rate of Pay: |       |
| Reason for Leaving: |       |

|  |  |
| --- | --- |
| Name of Company: |       |
| Name of Supervisor: |       |
| Address: |       |  |       |  |     |  |       |
|  | Street |  | City |  | State |  | Zip Code |
| Telephone Number: |       |

Position and Duties:

|  |  |  |  |
| --- | --- | --- | --- |
| Dates of Employment:  |       |  |       |
|  | From |  | To |
| Starting Annual Rate of Pay: |       | Ending Rate of Pay: |       |
| Reason for Leaving: |       |

**Please attach your full resume to this completed application.**

**Please Read Carefully Before Signing Below**

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement on this application or on any documents used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

I hereby authorize the Ounce of Prevention Fund to investigate thoroughly my references, work records, education and other matters related to my suitability for employment. I also authorize my current and former employers to disclose to the company any and all letters, reports and other information pertaining to my employment with them without giving me prior notice of such disclosure. In addition, I hereby release the Ounce of Prevention Fund, my current and former employers, and all other persons, corporations, partnerships and associations from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.

I understand that nothing contained in the application or conveyed to me during any interview, which may be granted, is intended to create an employment contract, implied or explicit, between myself and the Ounce of Prevention Fund. In addition, I understand and agree that if I am employed that my employment with the Ounce of Prevention Fund is strictly voluntary and at our mutual will. I understand that if employed, my employment is for no definite period and may be terminated at any time, with or without prior notice, with or without cause or reason at the option of either myself or the Ounce of Prevention Fund. I further understand that no promises or representations contrary to the forgoing are binding on the Ounce of Prevention Fund unless made in writing and signed jointly by the President/CEO and myself.

Furthermore, if employed, I agree that any dispute arising out of the termination of our employment relationship shall be resolved pursuant to mandatory binding arbitration at the written request of either the Ounce of Prevention Fund or me. This agreement provides that such arbitration shall comply with and be governed by the Federal Arbitration Act and that any arbitration award arising from such dispute shall be limited to back pay.

I understand and agree that any future changes in my title, duties, compensation, working conditions, and/or the Ounce of Prevention Fund benefits, policies, and procedures will not alter our at-will and arbitration agreements.

I understand that if offered employment, I will, as a condition of employment, be required to submit proof of my identity and legal right to work in the United States on my first day of employment as confirmed by E-verify.

My signature below certifies that I have read and understand this complete page, and agree to the terms and conditions outlined in this document.

|  |  |  |
| --- | --- | --- |
| Applicant's Signature |  | Date |