

Application for Employment

BECOMEHEALTHYNOW.COM
519 CLEVELAND ST. STE 115
CLEARWATER, FL 33755
(727) 461-7354

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

(PLEASE PRINT)

Positions(S) Applied For:	Date of Application
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How Did You Learn About Us?		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____

Last Name	First Name	Middle Name		
Address		City	State	Zip
Telephone Number(s)		Social Security Number:		

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No

If yes give dates: _____

Have you ever been employed with us before? Yes No

If yes give dates: _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

Yes No

Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Have you been convicted of a felony within the last 7 years? Yes No

Conviction will not necessarily disqualify an applicant from employment.

If yes explain: _____

	Elementary School					High School				Undergraduate College/University				Graduate/Professional			
Years Completed	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree																	
Describe Course of Study																	
Describe an specialized training, apprenticeship, skills and extra-curricular activities																	
Describe any honors you have received																	
State any additional information you feel may be helpful to us in considering your application																	

Indicate any foreign languages you can speak, read and/or write			
	Fluent	Good	Fair
Speak			
Read			
Write			

Give name, address and telephone number of three references who are not related to you and are not previous employers:

1. _____
2. _____
3. _____

Have you ever had any job-related training in the United States military? Yes No

If yes, describe: _____

Are you physically or otherwise unable to perform the duties of the job for which you are applying?

Yes No

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

1.

Employer:	Dates Employed		Work Performed:
	From	To	
Telephone Number(s)			
Job Title:	Hourly Rate/Salary		
	Starting	Final	
Supervisor Name:			
Reason for Leaving:			

2.

Employer:	Dates Employed		Work Performed:
	From	To	
Telephone Number(s)			
Job Title:	Hourly Rate/Salary		
	Starting	Final	
Supervisor Name:			
Reason for Leaving:			

3.

Employer:	Dates Employed		Work Performed:
	From	To	
Telephone Number(s)			
Job Title:	Hourly Rate/Salary		
	Starting	Final	
Supervisor Name:			
Reason for Leaving:			

4.

Employer:	Dates Employed		Work Performed:
	From	To	
Telephone Number(s)			
Job Title:	Hourly Rate/Salary		
	Starting	Final	
Supervisor Name:			
Reason for Leaving:			

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications

Questions Regarding Your Expertise in Specialized Areas

Please indicate your experience in the following computer programs:

1) Quickbooks, Quicken or other financial software - Describe *in detail* what you have performed using the program: I have no experience using financial software _____

2) Microsoft Word, Corel Word Perfect or other word processing software - Describe *in detail* what you have performed using the program: I have no experience using word processing software

3) Microsoft Excel, Corel Quatro Pro or other spreadsheet software - Describe *in detail* what you have performed using the program: I have no experience using spreadsheet software

4) Microsoft FrontPage, Macromedia Dreamweaver, or other web software - Describe *in detail* what you have performed using the program: I have no experience using web generating software

5) Database software - Describe *in detail* what you have performed using any database programs and describe the projects you have worked: I have no experience using database software

6) Typing - What is your speed in typing per minute: I have no typing skills _____ Words per Minute

7) Telephone & Communication - What experience do you have in using the phone in prior jobs you've held?

If you've used the phone give a *detailed description* of what you did. I have no telephone experience

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time. I hereby understand and acknowledge that, if I engage in an employment relationship with this organization, I agree to abide by the office policies set forth by the organization. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant

Date

Submitting Your Application

You may return this application in the following ways:

- 1) Mail your application to the address at the top of this application
- 2) Email as an attachment to jobs@BecomeHealthyNow.com
- 3) Fax to (727) 443 - 6664

THIS SPACE FOR PERSONNEL DEPARTMENT USE ONLY

Employment Data Record

Employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition, or handicap, or any other legally protected status.

As an employer with an Affirmative Actions Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose for this Data Record is to comply with government record keeping, reporting and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information please note that all Data Records are kept in a Confidential File and are not a part of your Application for Employment or personnel file. Please note: **YOU COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.**

Voluntary Survey

(Please Print)

Date _____

Government agencies at times require periodic reports on the sex, ethnicity, handicap, veteran and other protected status of employees. This data is for statistical analysis with respect to the success of the Affirmative Action program. **SUBMISSION OF THIS INFORMATION IS VOLUNTARY AND IS NOT REQUIRED FOR EMPLOYMENT.**

Current Job
Check One: <input type="checkbox"/> Male <input type="checkbox"/> Female
Check One of the Following: (Ethnic Origin) <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Black <input type="checkbox"/> Other <input type="checkbox"/> Asian/Pacific Islander
Check if Any of the Following Are Applicable <input type="checkbox"/> Vietnam Era Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Handicapped Individual
Birthdate: