



CSDVRS Employment Application

FAX completed application to: 727 443 1537

600 Cleveland, Ste1000

Clearwater, FL 33755

www.csdvrs.com

CSDVRS

Fill out as completely and accurately as possible. Please type or print in ink.

Position Applied For _____	Date of Application _____
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Name _____ Last First Middle	Social Security # _____
Address _____ Street / Box	
City State Zip	Email Address _____
Telephone () _____ Home Business / Other	

If a job offer is made, will you be able to present evidence that you are a U.S. citizen or national, permanent resident alien or an alien authorized to work by I.N.S. in the U.S.? _____ YES _____ NO

Are you at least 18 years of age or older? _____ YES _____ NO

Have you ever been convicted of a felony? _____ YES _____ NO
If Yes, please give details: _____
(This information will not necessarily disqualify you from consideration for employment.)

Do you currently have any relatives employed at CSDVRS? _____ YES _____ NO
Name _____ From _____ To _____ Position _____

Have you ever been employed by CSDVRS? _____ YES _____ NO
Department _____ From _____ To _____ Position _____

Reason for Leaving _____
ome siness/Other

If No above, have you ever applied for a position with CSDVRS? _____ YES _____ NO
Department _____ Position _____ Approximate Date _____

How did you learn about this position? (Check as many that apply.)
 ___ Newspaper Help Wanted Ad (please list) _____ ___ State Employment Service ___ Radio ___ TV
 ___ College or Business/Trade/Technical School (please list) _____ ___ Outdoor Sign ___ Walk-in/Call
 ___ Name of CSDVRS Employee Who Referred You To Us ___ Other Source (please list) _____

NUMBER OF HOURS AVAILABLE (check applicable items): ___ Full-time ___ Part-time ___ Either FT or PT

Please list the total number of hours per week you are available _____
 What date are you available to begin work? _____

A DRUG-FREE WORKPLACE & EQUAL OPPORTUNITY EMPLOYER

Employment Application 03/20/07

EDUCATION				
SCHOOL	NAME AND LOCATION	COURSE OF STUDY	DID YOU GRADUATE?	DEGREE OR DIPLOMA
High School	Name _____ City/State _____ Phone _____ (if known)			
Business/ Trade/ Technical	Name _____ City/State _____ Phone _____ (if known)			
College	Name _____ City/State _____ Phone _____ (if known)			
Graduate	Name _____ City/State _____ Phone _____ (if known)			

ADDITIONAL TRAINING (Certifications, Licenses, Seminars, Professional Memberships, Workshops, Apprenticeships)

EMPLOYMENT

Please give accurate, complete employment record. Include full-time, part-time, self-employment, volunteer, seasonal and temporary positions. Start with your present or most recent employer. Please complete even if you are attaching a resume.

Employer _____ Position Title _____

Address _____ From (Mo/Yr) _____ To (Mo/Yr) _____

_____ Phone (_____) _____

Supervisor _____ Salary - Starting _____ Ending _____

Job Duties _____

Reason for Leaving _____

May we contact this employer? YES or NO If No, please state reason

Employer _____ Position Title _____

Address _____ From (Mo/Yr) _____ To (Mo/Yr) _____

_____ Phone (_____) _____

Supervisor _____ Salary - Starting _____ Ending _____

Job Duties _____

Reason for Leaving _____

May we contact this employer? YES or NO If No, please state reason

Employer _____ Position Title _____

Address _____ From (Mo/Yr) _____ To (Mo/Yr) _____

_____ Phone (_____) _____

Supervisor _____ Salary - Starting _____ Ending _____

Job Duties _____

Reason for Leaving _____

May we contact this employer? YES or NO If No, please state reason

Please read these sections carefully and sign.

PRE-EMPLOYMENT AGREEMENT

I declare that the statements in this application are true and falsification of any fact will be the basis for refusal to hire or, if hired, of immediate termination. I agree that my employment is subject to the results of reference checks and/or employment verifications.

I understand and agree that nothing contained in this application form or the Company's policy handbook, or in other rules, regulations, or policies, nor any practice, should be interpreted as creating a contract. (Copies of the handbook and other information may be received after employment begins.) I further understand that if I am employed, for any reason, both the Company and I have the right to discontinue the employment relationship at any time and without prior notice.

Signature *(to be signed in ink)*

Date

AUTHORIZATION FOR REFERENCE REQUESTS

I have applied with CSDVRS for employment and I desire that they be fully advised of my record with former employers. I, therefore, respectfully request that you furnish the requested information concerning my employment with your organization, and I hereby release you from any and all liability of damages for providing the information requested.

Print Name

Signature *(to be signed in ink)*

Date

REFERENCES

List name, address, and telephone number for three references. Do not list relatives.

1. _____

2. _____

3. _____

VOLUNTARY INFORMATION

THIS INFORMATION IS KEPT SEPARATE FROM YOUR APPLICATION AND IS NOT CONSIDERED DURING OUR SCREENING PROCESS. IT IS USED FOR EQUAL OPPORTUNITY REPORTING.

INSTRUCTIONS

The policy and intent of CSDVRS is to provide equal employment opportunity for all persons regardless of race, color, creed, religion, national origin, marital status, disability, sex, age, or status with regard to public assistance.

This information will be used to determine the effectiveness of our recruiting efforts in reaching all segments of the population and in validation of our selection methods.

Although providing this information is voluntary, it is important that all applicants answer these questions so that we may take steps to prevent discrimination in the selection of employees for CSDVRS.

NAME _____ DATE _____

POSITION APPLIED FOR _____

Which gender are you? _____ MALE _____ FEMALE

Of the following, which racial/ethnic group do you consider yourself?

- _____ American Indian or Alaskan Native
- _____ Black (Non-Hispanic Origin)
- _____ Hispanic
- _____ White (Non-Hispanic Origin)
- _____ Asian or Pacific Islander

Do you consider yourself to be disabled? _____ YES _____ NO

Disabled means any person who has a physical or mental impairment that materially limits one or more major life activities (performing manual tasks, learning, walking, seeing, hearing, speaking, etc.), has a record of such impairment, or is regarded as having such an impairment.

How did you learn about this job? (Check as many that apply.)

- _____ Newspaper Help Wanted Ad (*please list*) _____
- _____ State Employment Service
- _____ Radio
- _____ TV
- _____ College or Business/Trade/Technical School (*please list*) _____
- _____ Outdoor Sign
- _____ Walk-in/Call
- _____ Name of CSD Employee Who Referred You To Us _____
- _____ Other Source (*please list*) _____

If you are contacted for an interview, will you need any accessible services? _____ YES _____ NO

If Yes, please specify _____

Thank you for your assistance.