



2310 NE 24th Street, Ocala, FL 34470  
 Phone: 352.622.6135 Fax: 352.622.2830  
 www.arnettehouse.org

## Employment Application

*Please Print*

<b>PERSONAL INFORMATION</b>			Date:
Name (Last, First, Middle)			
<b>A valid Florida Drivers License is required for this position</b>			
Social Security Number	Florida Driver License Number	Expiration Date	
Current Address	City	State	Zip Code
How long have you lived at this location?			
Previous Address	City	State	Zip Code
How long did you live there?			
E-Mail Address	Cell Phone	Home Phone	
Are you 21 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever worked for the Arnette House, Inc.? <input type="checkbox"/> Yes <input type="checkbox"/> No If <b>yes</b> , please give dates and position.			
Do you have friends or relatives working for the Arnette House, Inc.? <input type="checkbox"/> Yes <input type="checkbox"/> No If <b>yes</b> , please provide name and position below.			
Have you ever pled guilty or 'no contest' to a crime, been convicted of a crime, had adjudication withheld, prosecution deferred or do you have any criminal charges pending? <input type="checkbox"/> Yes <input type="checkbox"/> No If <b>yes</b> , please give dates and details of each.			
<b>POSITION</b>			
Position you are applying for:		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Full or Part-Time	
<b>PLEASE NOTE:</b> Arnette House is a 24/7, 365 days a year facility. I understand that by accepting a position with this agency, I will be required to be available for <i>all shifts</i> , including weekends and holidays. I further understand that my schedule may be changed due to staffing issues. Please initial here _____ that you have read and understand this statement.			
How were you referred to us? <input type="checkbox"/> Newspaper ad <input type="checkbox"/> School <input type="checkbox"/> On my own <input type="checkbox"/> Current Employee <input type="checkbox"/> Agency <input type="checkbox"/> Other			
Name of referral source:			
<b>FOR OFFICE USE ONLY</b>			
Call for Interview: <input type="checkbox"/> YES <input type="checkbox"/> NO			
Shadow: <input type="checkbox"/> Group Home <input type="checkbox"/> Shelter <input type="checkbox"/> Both    Date: _____    Time: _____			
Employment Offered: <input type="checkbox"/> YES <input type="checkbox"/> NO			

<b>EDUCATION</b>			
<b>Name and Location</b>	<b>Yrs. Completed</b>	<b>Degree Received</b>	<b>Major</b>
High School			
College or University			
Trade, Business or Correspondence			
Other			

**EMPLOYMENT HISTORY**

***FILL OUT COMPLETELY - DO NOT PUT REFER TO RÉSUMÉ***

Please list the names of your present or previous employers in chronological order with present or last employer first.  
Please account for all periods of time including any period of unemployment.

Employer Name	Address	Telephone Number
Job Title	Name of Supervisor and Title	Start Date (mm/dd/yy)    End Date (mm/dd/yy)
Reason for leaving		
Job Responsibilities		
May we contact this employer <input type="checkbox"/> YES <input type="checkbox"/> NO		

Employer Name	Address	Telephone Number
Job Title	Name of Supervisor and Title	Start Date (mm/dd/yy)    End Date (mm/dd/yy)
Reason for leaving		
Job Responsibilities		
May we contact this employer <input type="checkbox"/> YES <input type="checkbox"/> NO		

Employer Name	Address	Telephone Number
Job Title	Name of Supervisor and Title	Start Date (mm/dd/yy)    End Date (mm/dd/yy)
Reason for leaving		
Job Responsibilities		
May we contact this employer <input type="checkbox"/> YES <input type="checkbox"/> NO		

**EMPLOYMENT HISTORY** *(continue)*

Employer Name	Address	Telephone Number	
Job Title	Name of Supervisor and Title	Start Date (mm/dd/yy)	End Date (mm/dd/yy)
Reason for leaving			
Job Responsibilities			
<input type="checkbox"/> May we contact this employer <input type="checkbox"/> YES <input type="checkbox"/> NO			

Employer Name	Address	Telephone Number	
Job Title	Name of Supervisor and Title	Start Date (mm/dd/yy)	End Date (mm/dd/yy)
Reason for leaving			
Job Responsibilities			
<input type="checkbox"/> May we contact this employer <input type="checkbox"/> YES <input type="checkbox"/> NO			

Have you ever been terminated?  Yes  No If yes, please explain

Please explain fully any gaps in your employment history

**REFERENCES**

*Give the names of three persons that we may contact **other than** relatives and/or previous employers.*

Name	Address	Telephone Number	Relationship	Years Acquainted

Name	Address	Telephone Number	Relationship	Years Acquainted

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**Arnette House, Inc. is an Equal Opportunity Employer. We do not discriminate based on race, color, religion, sex (including pregnancy, gender identity, and sexual orientation), national origin, age, disability or genetic protected information, veteran status, or any other status protected under federal, state, or local law.**

*I understand that if I am hired, my employment will be for no definite period, regardless of the period of payment of my wages. I further understand that I have the right to terminate my employment at will at any time with or without notice or reason, and Arnette House, Inc. has the same right. No one other than the CEO of Arnette House, Inc. has the authority to modify this relationship or make any agreement to the contrary. Any such modification or agreement must be in writing.*

*I understand that Arnette House, Inc. reserves the right to require me to submit to a drug test at any time and also reserves the right to require me to submit to an alcohol test and/or medical examination to the extent permitted by law. I further understand that Arnette House, Inc. may contact previous employers and I authorize those employers to disclose to Arnette House, Inc. all records and other information pertinent to my employment with them. I release my previous employers from any liability as a result of their disclosure of information about me to Arnette House, Inc. I also authorize Arnette House, Inc. to provide truthful information concerning my employment with them to my future prospective employers and I agree to hold them harmless from providing such information.*

*I further understand that if employed I will be on a 90-day introductory period, and that termination for unsatisfactory performance during that period will not result in any Arnette House, Inc. responsibility for unemployment benefits. I further understand that completion of the introductory period does not guarantee any expectation of continued employment, and that if employed my employment will be for no definite period and "at-will."*

I authorize Arnette House, Inc. to obtain consumer reports for use in connection with my application for employment and for other employment-related consumer reports at any time during my employment. I understand that the term "consumer report" includes, but is not limited to, credit check, criminal background checks, Department of Motor Vehicle reports, and investigative consumer reports. I further understand that the term "investigative consumer report" means a report in which information on my character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with my neighbors, friends, associates, or with others with whom I am acquainted or who may have knowledge concerning any such items of information.

I authorize Arnette House, Inc. to search and review all social media sites for information about me. I understand that such query is undertaken to ensure that I have not engaged in any inappropriate or unprofessional behaviors that are contrary to the mission of the organization.

*By signing this application, I authorize Arnette House, Inc. to obtain consumer reports, search and review all social media sites for information about me. In addition, I certify that all of the information that I provide on this application and in any interview will be true, complete and accurate. I understand that if I am employed and any such information is later found to be false or misleading in any respect, I will be dismissed.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

*This application will be considered active for a maximum of thirty (30) days. If you wish to be considered for employment after that time, you must reapply.*