

PLEASE TYPE OR PRINT

Date of Application _____

Position(s) applied for: 1st choice _____ 2nd choice _____

Minimum Salary Expectation _____ Minimum Salary Expectation _____

Referral source: Check appropriate box Advertisement Job-Line Personal Contact Walk-in I am a current employee

Other _____

Name _____
Last First Middle

Address _____
Number Street City State ZIP

Telephone () _____

Have you filed an application here before? Yes No If yes, give date _____

Have you ever been employed here before? Yes No If yes, give date _____

Are you presently employed? Yes No May we contact your present employer? Yes No

On what date would you be available for work? _____

Are you available to work Full time Part time Shift work Temporary Overtime

Are you on a lay-off and subject to recall with another employer? Yes No

Can you travel if required by the job? Yes No

Have you ever been convicted of or sentenced for a felony or entered into a pre-trial intervention program for a felony? Yes No

If yes, please explain:

Melbourne and Off-Campus Program Sites Florida Institute of Technology is an equal opportunity employer. All employment and advancement is based upon qualifications and merit, without regard to race, sex, color, religion, creed, national origin or ancestry, age, marital status, disability, Vietnam-era veteran status or sexual preference. It is our policy to hire qualified disabled persons and Vietnam veterans. Only persons authorized to work in the United States will be hired at Florida Tech. In accordance with federal and state regulations, Florida Tech is drug free and reserves the right to require drug testing of applicants. The university's Drug Policy is available for review upon request.

Do you have any physical or mental condition that you believe may limit your ability to perform the duties for which you are applying? *NOTE: an answer of "yes" does not constitute an automatic bar to employment.* Yes No If yes, please explain _____

Time lost from work during the last two years? Yes No If yes, please explain _____

Have you ever been discharged or forced to resign from any job for any reason? Yes No If yes, please explain _____

Are you a former employee requesting rehire under our reinstatement policy? Yes No

EMPLOYMENT DATA	Cover entire time period of your employment history. LIST MOST RECENT EMPLOYER FIRST. Attach additional sheet if necessary. Failure to answer all questions is grounds for rejection of this application.
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Employer _____ Address _____ City, State, ZIP _____ Telephone _____ Name/title of immediate supervisor _____ <input type="checkbox"/> Full time <input type="checkbox"/> Part time From (mo./yr.) _____ To (mo./yr.) _____	Title and actual duties _____ _____ _____ _____ _____ Last salary _____ Reason for leaving _____
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SPECIAL SKILLS AND QUALIFICATIONS

Summarize special skills and qualifications acquired from employment or other experience, including community or service activities.

List business machines and office equipment that you can operate _____

Correct typing speed _____ Dictation speed or speed writing rate _____ Word processing speed _____

EDUCATION AND TRAINING

Name and Address	Degree (if applicable)	Major GED <input type="checkbox"/> Yes <input type="checkbox"/> No	Years Completed	Graduated <input type="checkbox"/> Yes <input type="checkbox"/> No
High School/Trade School _____				
College _____				
Other _____				

I hereby authorize investigation of all statements contained in this record. I certify that such statements are true, and understand that misrepresentation or omission of facts called for in this form are grounds for rejection of my application or reason for immediate discharge if I am hired. I also agree to a post-job offer physical examination by a university-designated physician as may be required for the specific position for which I have applied. Should I fail to pass the physical, I understand that the job offer will no longer be valid. I understand if selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration laws require me to complete an I-9 Form in this regard. If employed, I agree to abide by all other rules and regulations of the university, including those pertaining to attendance, vacation, sick leave, leaves of absence, layoffs, transfers, termination, health services and general conduct.

I understand that as part of normal procedure for processing employment applications and employment requests, a routine inquiry may be made concerning information on my character, general reputation, credit and/or personal characteristics, if applicable to the position for which I am applying. I authorize such investigation and acknowledge that information on the nature and scope of such a report, if one is made, is available upon written request. I further agree to give permission for Florida Institute of Technology to make written inquiries of previous employers regarding my work performance and attendance, and I waive all rights to claim damages in reference to those inquiries.

I understand that in accordance with Florida Statute 44.131(3)(a)(2), if I am terminated for unsatisfactory work performance within the first six months of my employment, Florida Institute of Technology may seek to contest any unemployment benefit I might attempt to attain as a result of my termination.

I understand and agree that all policies and procedures may be modified, amended or deleted by the employer with or without notice to me of such amendment, modification or deletion; that the policies and procedures whether oral or written are to be advisory only and are not to be so interpreted as a contract of employment or to give me any right to continued employment and that my employment may be terminated at the will of either me or the university and may be terminated with or without reason and with or without notice by either party. I also understand that any other arrangements, agreements or understandings regarding the terms of employment are hereby cancelled and superseded, and that no amendment or exception to this statement is valid unless in writing and authorized by the president or designated representative.

DO NOT SIGN UNTIL YOU HAVE READ ALL OF THE ABOVE.

Applicant's Signature _____ Date _____