

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:

<b>Melbourne and Off-Campus Program Sites</b>	<b>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.</b>
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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

<b>EMPLOYMENT DATA</b>	<b>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.</b>
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Employer _____	Title and actual duties _____
Address _____	_____
City, State, ZIP _____	_____
Telephone _____	_____
Name/title of immediate supervisor _____	_____ Last salary _____
<input type="checkbox"/> Full time <input type="checkbox"/> Part time From (mo./yr.) _____ To (mo./yr.) _____	Reason for leaving _____

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City, State, ZIP _____	_____
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# SPECIAL SKILLS AND QUALIFICATIONS

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

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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		Years Completed	Graduated	
		GED	<input type="checkbox"/> Yes <input type="checkbox"/> No		<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 \_\_\_\_\_