



Suncoast Workforce Board, Inc.  
 3660 North Washington Blvd.  
 Sarasota, FL 34234  
 (941) 358-4080  
 (941) 358-4079 FAX

**EMPLOYMENT APPLICATION**  
**AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER**  
**PLEASE PRINT IN INK OR TYPE**

_____			
Name (Last)	(First)	(Middle)	
_____			
Present Address (Number and Street)	(City)	(State)	(Zip)
_____			
( ) _____	From _____: _____ To _____: _____ daily	_____	
Home Phone Number	Contact Time	Referred By	
_____			
( ) _____		_____	
Alternate Phone Number		Date Available	
_____			
Person to be notified in case of emergency:			
Name: _____ Telephone: _____			
Relationship: _____ Address: _____			
	(Street)	(City)	(State)
_____			
Indicate the position(s) for which you wish to apply:			
1) _____	2) _____	3) _____	
Schedule available to work (check all that apply):			
	Full Time <input type="checkbox"/>	Temporary <input type="checkbox"/>	
	Part Time <input type="checkbox"/>	Regular (Continuous) <input type="checkbox"/>	
Locations available to work (check all that apply): Sarasota <input type="checkbox"/> Bradenton <input type="checkbox"/> Venice <input type="checkbox"/>			
Are you physically able to perform the normal activities with or without reasonable accomodation involved in the jobs for which you are applying? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Name of any relative currently employed by the Suncoast Workforce Board:			
_____			
Name		Relationship	

Are you legally eligible for employment in the U.S.?

Yes \_\_\_\_\_ No \_\_\_\_\_

*You will be required to provide proof of eligibility upon an offer of employment.*

Have you ever committed or been convicted of a crime, entered a plea of nolo contendere (no contest) to a crime or received a suspended sentence (regardless of the ultimate adjudication) for a crime?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*A criminal record will not necessarily be a bar to employment.*

Have you ever been sued for causing the death of, or injury to any person, or any property damage (e.g., for assault, battery, defamation, etc.)?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes please provide an explanation of the nature of the claims in the lawsuit(s), the timeframe of the suit(s)(year(s)) and the suit's disposition(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*History of suit(s) will not necessarily be a bar to employment.*

**EDUCATION AND TRAINING**

(Please check only one)

Name and Location of last High School Attended

G.E.D. Certificate

\_\_\_\_\_

High School Diploma

\_\_\_\_\_

Highest Grade Completed \_\_\_\_\_

College Attended	From	To	Program	Credits Earned	Degree

Vocational/Training, Trade, Business, Armed Forces, and other schools and special training:

School Attended	From	To	Program	Certificate	
				Yes <input type="checkbox"/>	No <input type="checkbox"/>
				Yes <input type="checkbox"/>	No <input type="checkbox"/>
				Yes <input type="checkbox"/>	No <input type="checkbox"/>
				Yes <input type="checkbox"/>	No <input type="checkbox"/>

Candidates will be responsible for presenting transcripts, diplomas, or certificates, if employed.

List software packages with which you are proficient:

---

Clerical Skills: Typing \_\_\_\_\_wpm

If you are applying for a position that requires state or national registration, certification or licensure, you must furnish current proof of registration, certification or license.

Registration, Certification or License No. and Type: \_\_\_\_\_

Year: \_\_\_\_\_ State(s): \_\_\_\_\_

Please describe any experiences, skills or qualifications which you feel especially qualify you for work with  
The Suncoast Workforce Board, Inc.:

---



---



---

1. Do you have a valid Florida driver's license? Yes  No  License # \_\_\_\_\_

Do you have a Florida Chauffeur's license? Yes  No  License # \_\_\_\_\_

Valid driver's license from another state? State \_\_\_\_\_ License # \_\_\_\_\_

2. Have you had a traffic violation in the last three years? Yes  No

Please explain

---

3. Has your driver's license ever been suspended or revoked? Yes  No

For what reason?

---

Have you ever been employed by the SWB? Yes  No  Position Held: \_\_\_\_\_

From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Are you over 18 years of age? Yes  No

## EXPERIENCE

Please complete in DETAIL starting with your present employer. Include summer employment and U.S. military experience. For any unemployed or self-employed periods, show dates and locations. If you have a resume, you may attach it for explanation of duties. You are still required to complete all information requested herein. If additional space is required, attach a second sheet.

May we contact your current employer? Yes  No

Employer			Job Title			
Address			Reason for Leaving			
City	State	Zip	From Mo./Yr.	To Mo./Yr.	Annual Salary	# of Employees You Supervised
Supervisor Telephone #						
Hours Per Week ( )/Describe Your Job:						

Employer			Job Title			
Address			Reason for Leaving			
City	State	Zip	From Mo./Yr.	To Mo./Yr.	Annual Salary	# of Employees You Supervised
Supervisor Telephone #						
Hours Per Week ( )/Describe Your Job:						

Employer			Job Title			
Address			Reason for Leaving			
City	State	Zip	From Mo./Yr.	To Mo./Yr.	Annual Salary	# of Employees You Supervised
Supervisor Telephone #						
Hours Per Week ( )/Describe Your Job:						

Employer			Job Title			
Address			Reason for Leaving			
City	State	Zip	From Mo./Yr.	To Mo./Yr.	Annual Salary	# of Employees You Supervised
Supervisor Telephone #						
Hours Per Week ( )/Describe Your Job:						

**APPLICANT'S STATEMENT:**

**PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING**

I understand that the Suncoast Workforce Board, Inc. will attempt to verify statements made on my application and made during my employment interview. When contacted by the Suncoast Workforce Board, Inc., I give permission for my former employers to answer any and all questions based upon information available to them in my prior employment records. I understand that it is possible that my prior employment records may not be accurate. Nonetheless, in consideration of the Suncoast Workforce Board, Inc.'s review of this application, I release the Suncoast Workforce Board, Inc. and all former employers from any liability as a result of the furnishing and receiving of this reference information. I understand that my failure to sign this reference release so that the Suncoast Workforce Board, Inc. can contact references and make a full background check of my previous work history will be deemed interference with and a withdrawal of my application for employment.

I understand that the Suncoast Workforce Board, Inc. requires certain information about me to evaluate my qualifications for employment and conduct its business if I become an employee. I understand that false, incomplete or misleading statements or omissions on this application or any other pre- or post-employment form may be considered sufficient cause for dismissal, if and when discovered. The use of this application form does not indicate there are positions open and does not in any way obligate the Suncoast Workforce Board, Inc.

I authorize personal references as well as developed references, other persons, companies, corporations, schools, and law enforcement agencies to furnish to the Suncoast Workforce Board, Inc. and/or its agents or representatives any information they have concerning me. I understand that I have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of additional information concerning the nature and scope of this investigation. I understand that prior to obtaining any information from a credit reporting service, the Suncoast Workforce Board, Inc. must first obtain my written consent in a disclosure separate from this application. I understand that the Suncoast Workforce Board, Inc. shall treat all this information in a confidential manner.

I understand that if I am employed by the Suncoast Workforce Board, Inc. I must conform to the rules of the Company. I understand that I have the right to terminate my employment at any time with or without notice, with or without cause, and that the Suncoast Workforce Board, Inc. has a similar right. I understand my employment by the Suncoast Workforce Board, Inc. does not constitute a guarantee that any position be continued for any length of time or that any job assignment or shift be permanent. I understand that I may be required to work scheduled and unscheduled overtime and scheduled weekend and holiday work when requested by the Suncoast Workforce Board, Inc. I understand that if I am offered employment by the Suncoast Workforce Board, Inc., I will be required to submit to drug testing as the Suncoast Workforce Board has a zero tolerance policy. I understand that no one other than the Administrator of Suncoast Workforce Board, Inc. has authority to make any other agreements.

I consent and agree to take any pre-employment physical examinations and such future physical examinations and any drug or alcohol tests as part of or separate from any such physical examinations, as may be required by federal, state, and/or local law/regulation. I understand that my failure or refusal to undergo such testing will result in the withdrawal of my employment application.

The Immigration Reform and Control Act of 1986 requires that, after employment, employers verify the legal work authorization and identity of all new employees. An offer of employment will depend upon the Suncoast Workforce Board, Inc.'s ability to verify this necessary information.

I understand that if I am hired, confidential information regarding Suncoast Workforce Board, Inc. and its clients may be available to me and that this information must not be disseminated or used except for the Suncoast Workforce Board, Inc.'s benefit. If employed, I agree to keep all information about the Suncoast Workforce Board, Inc., including such information regarding clients and other employees, confidential and shall not disclose this information to any unauthorized personnel whether within or outside of the Suncoast Workforce Board, Inc.

I affirm, under penalties of law, that I have a genuine intent to work for the Suncoast Workforce Board, Inc. and that I have no other purpose or motive for applying for or accepting a position with the Suncoast Workforce Board, Inc.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Thank you for completing this application form and for your interest in employment with the Suncoast Workforce Board. Due to the volume of applications received, we may not interview every applicant. In the event you are selected for interview, we will contact you. Applications are considered inactive after 30 days from date of application unless renewed, in writing, by the applicant at this location. **INCOMPLETE APPLICATIONS OR APPLICATIONS CONTAINING ADDITIONAL NON-REQUESTED INFORMATION WILL NOT BE CONSIDERED**

## VOLUNTARY AFFIRMATIVE ACTION SURVEY

Please, if you choose, answer the questions below, and submit this sheet to the SWB. It is unlawful to discriminate on the basis of age, sex, race, color, religion, national origin and physical handicaps. Listed below are items that may be considered the basis for unfair discrimination. We ask you to answer these questions for our management review, and the possible inspection by Federal officials, to ensure meeting our goals of Equal Employment Opportunity and Affirmative Action. Will you help us?

THIS INFORMATION IS FOR EQUAL EMPLOYMENT OPPORTUNITY/AFFIRMATIVE ACTION REVIEW. IT WILL NOT BE CONSIDERED IN YOUR EMPLOYMENT APPLICATION.

- a. Name: \_\_\_\_\_ Date: \_\_\_\_\_
- b. Position(s) for which you applied: \_\_\_\_\_
- c. SEX: \_\_\_\_\_ Male \_\_\_\_\_ Female
- d. Do you have a disabling condition? Yes  No
- e. If "Yes", please specify: \_\_\_\_\_
- f. Race (Check only one):
- WHITE – Persons having origins in any of the original people of Europe, North America, or the Middle East.
  - BLACK – Persons having origins in any of the Black racial groups of Africa.
  - HISPANIC – Persons of Mexican, Puerto Rican, Cuban, Center or South American or other Spanish culture or origin, regardless of race.
  - ASIAN OR PACIFIC ISLANDER – Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands. This area includes, for example: China, Japan, Korea, the Philippine Islands and Samoa.
  - AMERICAN INDIAN OR ALASKAN NATIVE – Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.