



APPLICATION FOR EMPLOYMENT

Thank you for your interest in joining our team at Hidden Potential Florida, LLC. Please review and complete this employment application in its entirety. Provide all information requested by printing in ink. Also, please attach an updated résumé or curriculum vitae (CV) to this application.

GENERAL INFORMATION

Name (Last)	(First)	(Middle Initial)	Home Telephone
Address (Mailing Address)	(City)	(State)	(Zip)
E-Mail Address	Are you legally entitled to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		

POSITION

Position or Type of Employment Desired	Will Accept:	Shift:
Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Per Diem	<input type="checkbox"/> Day
	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Evening
Salary Desired	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Weekday
	<input type="checkbox"/> Temporary	<input type="checkbox"/> Weekends
Date Available		

AVAILABILITY

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

EDUCATION AND TRAINING

High School Graduate or General Education (GED) Test Passed? <input type="checkbox"/> Yes <input type="checkbox"/> No						
College, Business School, Military (Most recent first)						
Name and Location	Dates Attended Month/Year	Credits Earned		Graduate	Degree & Year	Major or Subject
		Quarterly or Semester Hours	Other (Specify)			
	From			<input type="checkbox"/> Yes		
	To			<input type="checkbox"/> No		
	From			<input type="checkbox"/> Yes		
	To			<input type="checkbox"/> No		
	From			<input type="checkbox"/> Yes		
	To			<input type="checkbox"/> No		
	From			<input type="checkbox"/> Yes		
	To			<input type="checkbox"/> No		



Occupational License, Certificate or Registration	Number	Where Issued	Expiration Date
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Languages Read, Written or Spoken Fluently Other Than English

VETERAN INFORMATION (Most recent)

Branch of Service	Date of Entry	Date of Discharge
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BACKGROUND

Have you ever been convicted of a crime (other than a moving violation) or served time?

YES (If yes, please describe. Conviction of a crime does not automatically disqualify you from employment.) _____

NO

SPECIAL SKILLS AND ADDITIONAL CERTIFICATIONS HELD

WORK EXPERIENCE (Most recent first. Include voluntary work and military experience)

Employer		Supervisor
Address		Phone Number
From (Month/Year)	To (Month/Year)	Job Title
Number Employees Supervised	Last Salary	Hours Per Week
Specific Duties		
Reason for Leaving		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer		Supervisor
Address		Phone Number
From (Month/Year)	To (Month/Year)	Job Title
Number Employees Supervised	Last Salary	Hours Per Week
Specific Duties		



Reason for Leaving		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer		Supervisor	
Address		Phone Number	
From (Month/Year)	To (Month/Year)	Job Title	
Number Employees Supervised	Last Salary	Hours Per Week	
Specific Duties			
Reason for Leaving		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

REFERENCES (Include individuals familiar with your work capabilities. Do not include relatives.)

Name	Email address	Phone number	Years Known/Relationship

APPLICANT'S CERTIFICATION AGREEMENT

- I understand that I may submit a copy of my résumé or curriculum vitae (CV) and that by submitting a copy of my résumé/CV I understand that it will be used only as supporting and additional background information. A résumé/CV is not an authorized substitute for a completed employee application.
- I understand that if I should choose to complete only a portion of the required employment application that the information submitted may not be enough information from which to base any determination on, and, as a result, my application may not receive full consideration for employment.
- I authorize the investigation of all statements contained in this application and release from all liability any persons or employers supplying such information. I also release Hidden Potential Florida, LLC from all liability that may result from making background investigations.
- I certify that the facts and information set forth in this application are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of facts on this application (or any required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered.
- I agree, if I am offered and accept a position, to conform to all existing and future workplace rules, regulations, policies, and procedures of Hidden Potential Florida, LLC.
- I understand and agree that Hidden Potential Florida, LLC reserves the right to change hours of work, in its sole discretion, at any time as deemed necessary.
- I understand the employment relationship will be At Will, meaning that either party can end the employment relationship at any time, and for any reason, or no reason with written notice.
- I understand that I must submit to fingerprinting/background checks, drug testing, and/or medical testing as part of the process to determine my fitness for employment and hereby agree to submit to such testing. I authorize all persons, agencies, or other entities to release any information concerning my background or test results and hereby release from all liability any persons, agencies, or other entities supplying such information. I also release Hidden Potential Florida, LLC from all liability that may result from making such investigations. I understand that I must participate in fingerprinting/background checks, drug testing, and/or medical testing prior to being offered and accepting a position with Hidden Potential Florida, LLC.
- I understand that any employment offer is contingent upon my providing proof of identity and eligibility to work within the United States to conform with the provisions of the Immigration Reform and Control Act of 1986.
- I understand that all programs developed as part of my job responsibilities and all materials that I am entitled to receiving as part of my employment are the property of Hidden Potential Florida, LLC and that I will not try to copy, use, publish, or replicate a program or any materials for personal use, business ventures, or with other businesses. I understand that if this occurs legal action will ensue against me for violating this term of my employment.



I have read and reviewed the information contained in this employment application, as well as the above-mentioned statements of agreement. By signing this employment application, I certify that I understand all the information requested and that I have provided information that is truthful, complete, and accurate.

Printed Name of Applicant: _____

Signature of Applicant: _____ Date: _____

Hidden Potential Florida, LLC is an Equal Employment Opportunity employer, and we do not discriminate in our hiring or employment practices. All qualified applicants will receive consideration without regard to race, color, creed, religion, national origin, age, disability, sex, or any other characteristic protected by State or Federal law.

FOR INTERNAL USE ONLY

Next Action(s) to be Taken:

Schedule interview

Name of Interviewer: _____

Date: _____ Time: _____am/pm (circle one)

Check References

Save for possible later interview

Do not interview

Rationale: _____

Signature of Reviewer: _____ Date: _____