



Building a Healthy Community

Empower "U", Inc.

Community Health Center



EMPLOYMENT APPLICATION

PLEASE FILL OUT THIS APPLICATION COMPLETELY

It is very important that you provide accurate contact information so that we can reach you. If you have any questions or need any assistance with completing this application please let us know. Attach a copy of your resume with this application.

Northside Shopping Center
7900 NW 27th Avenue, Suite E-12
Miami, Florida 33147

(786) 318-2337

Fax
(305) 575-2701

Email
● wecanhelp@empower-u-miami.org

Website
● www.euchc.org

EMPLOYMENT APPLICATION

Empower "U", Inc. is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status.

Date of Application	What position are you applying for?

PERSONAL INFORMATION			
Full Name:			
Address:			
City:	State:	Zip code:	
Social Security Number:	Date of Birth:		
Home Phone:	Cell Phone:		
Email Address:	HIV Status: (optional)	<input type="checkbox"/> HIV+	<input type="checkbox"/> HIV-

Are you legally eligible for employment in the United States? Yes No

Have you ever worked for this company before? Yes No *If yes, when?*

Hire Date	Leave Date	Reason for Leaving

Are you related to anyone who works for our company? Yes No *If yes, who?*

MILITARY SERVICE

Have you served in the military? Yes No *If yes, fill out below.*

Branch of Service	Initial Rank	Final Rank
Date Entered Service	Date of Discharge from Service	Type of Duty Performed
	<input type="checkbox"/> Honorable <input type="checkbox"/> Dishonorable	

EDUCATION AND TRAINING

Please indicate education or training which you believe qualifies you for the position you are seeking.

High School

School Name:							
Address:							
City:		State:		Zip code:			
Course of Study:			From (Month/Year):				
To (Month/Year):			Year Completed:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Diploma or Degree Received?	<input type="checkbox"/> Yes <input type="checkbox"/> No						

College

School Name:							
Address:							
City:		State:		Zip code:			
Course of Study:			From (Month/Year):				
To (Month/Year):			Year Completed:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Diploma or Degree Received?	<input type="checkbox"/> Yes <input type="checkbox"/> No						

Vocational or Trade School

School Name:							
Address:							
City:		State:		Zip code:			
Course of Study:			From (Month/Year):				
To (Month/Year):			Year Completed:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Diploma or Degree Received?	<input type="checkbox"/> Yes <input type="checkbox"/> No						

Grad School

School Name:							
Address:							
City:		State:		Zip code:			
Course of Study:			From (Month/Year):				
To (Month/Year):			Year Completed:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Diploma or Degree Received?	<input type="checkbox"/> Yes <input type="checkbox"/> No						

Have you completed any special courses, seminars and/or training directly related to the position for which you are applying? Yes No *If yes, please list*

LANGUAGES

What language(s) do you speak, read and/or write? (*Check all that apply*)

LANGUAGE	SPEAK	READ	WRITE
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spanish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creole	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CRIMINAL BACKGROUND

All potential employees are required by law to be screened pursuant to 435.04 of the Florida Statutes. The potential employee must undergo security background investigations as a condition of employment and continued employment which includes, but need not be limited to, fingerprinting for statewide criminal history records checks through the Department of Law Enforcement, and national criminal history records checks through the Federal Bureau of Investigation, and may include local criminal records checks through local law enforcement agencies.

Have you ever been convicted of a crime including a felony traffic offense? Yes No (Note that answering yes to this question will not necessarily prohibit you from employment with Empower "U", Inc. Depending on the nature of the crime, it may limit your employment opportunity. However, we ask that you respond to this question truthfully. We realize that no one is perfect, and people make mistakes.)

If yes, what were you convicted of?

EMPLOYMENT EXPERIENCE

Include your last seven (7) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time.

Employer:			
Address:			
City:	State:	Zip code:	
Phone:			
Dates of Employment:	From (Month/Year):		
Supervisor's Name:	Job Title:		
Describe Work Performed:			
Salary Rate:	Reason for Leaving:		

EMPLOYMENT EXPERIENCE CONTINUED

Employer:				
Address:				
City:		State:		Zip code:
Phone:				
Dates of Employment:		From (Month/Year):		
Supervisor's Name:		Job Title:		
Describe Work Performed:				
Salary Rate:		Reason for Leaving:		

Employer:				
Address:				
City:		State:		Zip code:
Phone:				
Dates of Employment:		From (Month/Year):		
Supervisor's Name:		Job Title:		
Describe Work Performed:				
Salary Rate:		Reason for Leaving:		

Do you have any special skills, experience and/or training that would enhance your ability to perform the position applied for? Yes No If yes, please explain.

Please list your computer skills.

May we call your present employer now? Yes No

If yes, please provide phone number:

When required by the job, are you willing to work weekends? Yes No

Are you willing to work shifts? Yes No

REFERENCES

Please provide the names of three professional references that has known you for at least three (3) years.

Reference 1			
Full Name:			
Company			
Address:			
City:	State:	Zip code:	
Phone:	Email Address:		
Years Known:			

Reference 2			
Full Name:			
Company			
Address:			
City:	State:	Zip code:	
Phone:	Email Address:		
Years Known:			

Reference 3			
Full Name:			
Company			
Address:			
City:	State:	Zip code:	
Phone:	Email Address:		
Years Known:			

APPLICANT'S CERTIFICATION AND AGREEMENT

I understand that failure to reveal any prior employer, or giving false or misleading information by me on any part of this Application for Employment can result in disqualification for employment consideration or, if hired, may be grounds for termination from the company or its' subsidiaries. I understand that if I am hired, my employment is for no definite time and may be terminated at any time without prior notice.

Applicant's Signature:	Date: