

Date: \_\_\_\_\_  
Name: \_\_\_\_\_  
Position Applied For: \_\_\_\_\_  
EFM No.: \_\_\_\_\_

**PALM BEACH WORKFORCE  
DEVELOPMENT CONSORTIUM**

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**APPLICATION FOR EMPLOYMENT**

**• 315 SOUTH DIXIE HIGHWAY, SUITE 102 •  
• WEST PALM BEACH, FL 33401 •**

**PALM BEACH WORKFORCE DEVELOPMENT CONSORTIUM  
APPLICATION FOR EMPLOYMENT**

Palm Beach Workforce Development Consortium ("Consortium") is an equal opportunity employer and does not discriminate on the basis of race, color, religion, sex, national origin, age, disability, marital or other protected status.

*INSTRUCTIONS: ANSWER ALL QUESTIONS ACCURATELY AND COMPLETELY. PLEASE PRINT. Print "N/A" in any space that does not apply to you. INCOMPLETE APPLICATIONS OR APPLICATIONS PROVIDING ADDITIONAL NON-REQUESTED INFORMATION ARE CONSIDERED WITHDRAWN AND WILL NOT BE CONSIDERED.*

Position applied for \_\_\_\_\_ Date \_\_\_\_\_

Last Name \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

Current Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ How Long? \_\_\_\_\_

Previous Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ How Long? \_\_\_\_\_

Home Phone # (\_\_\_\_) \_\_\_\_\_ Cell Phone # (\_\_\_\_) \_\_\_\_\_

E-mail address \_\_\_\_\_ Last four digits of Social Security # \_\_\_\_\_

Are you 18 years of age or older?  Yes  No      Are you available for full time employment?  Yes  No

Have you ever applied with the Consortium?  Yes  No

If yes, when? \_\_\_\_\_

For which job did you apply? \_\_\_\_\_

Have you been previously employed by the Consortium?  Yes  No

If yes, when? \_\_\_\_\_

In which job(s) were you employed? \_\_\_\_\_

Give names and positions of any relatives, including in-laws, who work for the Consortium: \_\_\_\_\_

Please indicate hours and shifts or days you will not work: \_\_\_\_\_

What are your salary requirements? \_\_\_\_\_

List any job related skills or qualifications that support your application: \_\_\_\_\_

Do you wish to claim Veterans' Preference?  Yes  No

If yes, you must furnish a DD214 or equivalent documentation and complete the "Veterans' Preference Form."  
(Please ask the Human Resources Manager to whom you submit your application for this form.)

Have you ever been convicted of, or plead guilty, *nolle prosequi* or *nolo contendere* to a crime?  Yes  No

Are you currently awaiting trial, sentencing or other disposition of a criminal charge?  Yes  No

If the answer to either question is yes, please explain (state the date, type of crime, place of occurrence, disposition): \_\_\_\_\_

**\*Note: Conviction of a crime will not necessarily disqualify you for employment. Each conviction will be judged on its own merit with respect to time and job relatedness.**

Have you ever been discharged or requested to resign from a position?  Yes  No

If so, explain: \_\_\_\_\_

### EDUCATION

Level	Name, City, State	Major	Circle Highest Grade Completed	Degree/ Diploma/GED Obtained
High School			9 10 11 12	
College			1 2 3 4	
Other			1 2 3 4	

Professional Licenses: \_\_\_\_\_

Do you have any special computer or technical skills and training? \_\_\_\_\_

### EMPLOYMENT

(List all employment since high school, the most recent job first. Attach additional sheets if necessary. Include any gaps in employment, *e.g.* periods of unemployment or self-employment, etc.)

Dates Employed mo/yr-mo/yr	Business Name & Address	Phone #	Your Position/ Supervisor	Reason for Leaving	Start & End Salary
1.					
2.					
3.					
4.					

May we contact your present employer?  Yes  No

If you answered "No", please explain: \_\_\_\_\_

### PERSONAL REFERENCES

(Do not list relatives or previous employers)

Name	Address	Phone #	Occupation	Years Known
1.				
2.				
3.				

### EXEMPTION FROM PUBLIC RECORDS DISCLOSURE

Are you a current or former law enforcement officer, other employee\* or the spouse or child of one who is  Yes  No exempt from public records disclosure under Fla. Stat. § 119.07?

\*Other covered jobs include: correction and correctional probation officers, firefighters, certain judges, assistant state attorneys, state attorneys, assistant and statewide prosecutors, personnel of the Department of Revenue or local governments whose responsibilities include revenue collection and enforcement or child support enforcement, and certain investigators in the Department of Children and Families (*see* Fla. Stat. § 119.07).

**PLEASE READ CAREFULLY**

**JOB APPLICANT ACKNOWLEDGEMENT & AUTHORIZATION  
TO RELEASE EMPLOYMENT REFERENCE INFORMATION**

I understand that Palm Beach Workforce Development Consortium (“Consortium”) will attempt to verify statements made on my application and made during my employment interview. When contacted by the Consortium, 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 Consortium’s review of this application, I release the Consortium 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 Consortium 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 Consortium requires certain information about me to evaluate my qualifications for employment and to 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 does not indicate there are positions open and does not in any way obligate the Consortium.

I authorize personal references as well as developed references, other persons, companies, corporations, schools, and law enforcement agencies to furnish to the Consortium 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 Consortium must first obtain my written consent in a disclosure separate from this application. I understand that the Consortium shall treat all this information in a confidential manner.

I understand that if I am employed by the Consortium: I must conform to the Consortium’s rules; I may terminate my employment at any time with or without notice, with or without cause, and that the Consortium has a similar right; my employment by the Consortium does not constitute a guarantee that any position be continued for any length of time or that any job assignment or shift be permanent; and, I may be required to work scheduled and unscheduled overtime and scheduled weekend and holiday work when required by the Consortium. I understand that no one other than the C.E.O. of the Consortium has the authority to make any other agreement.

I understand that I may be required to submit to drug testing or medical evaluation now or, if I am hired, at any time in the future and I agree to such testing and/or evaluations. Moreover, I also understand that my failure or refusal to undergo such testing or evaluations will result in the withdrawal of my employment application or my immediate separation, if I am hired.

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 Consortium’s ability to verify this necessary information.

I understand that if I am hired, confidential information regarding the Consortium, and/or its customers and employees, may be available to me and that this information must not be disseminated or used except for the Consortium’s benefit. If employed, I agree to keep all information about the Consortium, including, such information regarding its business methods, customers and employees, confidential and shall not disclose this information to any unauthorized personnel whether within or without the Consortium.

\_\_\_\_\_  
Complete Signature of Applicant

\_\_\_\_\_  
Date

Thank you for completing this application form and for your interest in employment with us. 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 will not be considered active after 90 days from date of application unless renewed, in writing, by the applicant at this location.

**INCOMPLETE APPLICATIONS OR APPLICATIONS PROVIDING ADDITIONAL NON-REQUESTED INFORMATION ARE CONSIDERED WITHDRAWN AND WILL NOT BE CONSIDERED.**

**October 2011**

**PLEASE READ CAREFULLY**

EMPLOYER'S DISCLOSURE OF INTENT TO PROCURE  
CONSUMER REPORT ON JOB APPLICANT &  
JOB APPLICANT'S AUTHORIZATION TO OBTAIN CONSUMER REPORT

The Fair Credit Reporting Act, 15 U.S.C. § 1681 *et seq.* ("the Act"), requires that employers inform job applicants in a clear, conspicuous, separate disclosure of the prospective employer's intent to obtain a consumer report on the applicant. The Act further requires that the job applicant give his or her written authorization so that Palm Beach Workforce Development Consortium ("Consortium") can obtain a consumer report.

Therefore, in keeping with the notice and authorization requirements of the Act, I \_\_\_\_\_, acknowledge that I have been  
[Applicant's Name]  
informed through this disclosure statement that the Consortium intends to obtain a consumer report concerning me now and, if hired, may obtain a consumer report at anytime during the course of my employment, and I give my consent to obtain these reports.

When contacted by the Consortium, I authorize consumer reporting agencies to furnish to the Consortium and/or its agents or representatives any information they have concerning me. I understand that the Consortium shall treat this information in a confidential manner. I further understand that the Consortium will rely on the information contained in my report to determine my suitability for employment and that the Consortium is not liable for failing to employ me based upon reliance on information contained in the report.

Before the Consortium may take any adverse action based in whole or in part on the consumer report obtained concerning me, the Consortium shall provide me a copy of the report and a description in writing of the rights of the consumer as prescribed by the Federal Trade Commission under section 609(c)(3).

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**PALM BEACH WORKFORCE DEVELOPMENT CONSORTIUM  
EQUAL EMPLOYMENT OPPORTUNITY INFORMATION REQUEST**

We are an Equal Employment Opportunity employer and subject to certain reporting requirements. The information requested on this form is requested only so that we may meet our Equal Employment Opportunity obligations.

Your completion of this form is **purely voluntary** and will not, in any way, affect your employment. This form will be separately maintained from your personnel file.

Last Name \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

**EEO INFORMATION**

**Gender:**

- Male  Female

**Race and Ethnic Identification:**

Hispanic/Latino  Yes  No

If you answered No, please complete the following:

- White  Black or African American  Native Hawaiian or Other Pacific Islander  
 Asian  American Indian of Alaska Native  Two or More Races

Date Completed \_\_\_\_\_