



Ruth Eckerd Hall is an equal opportunity employer and drug free workplace.

**GENERAL EMPLOYMENT APPLICATION
RUTH ECKERD HALL, INC. AND RUTH ECKERD HALL FOUNDATION, INC.**

Instructions: Complete all parts of this application even if a resume or other documents are attached. Applications are considered active for 90 days. If you have not employed by that time, you may reapply by updating this application. If you require assistance in completing this form please ask.

NAME:	TODAY'S DATE:
ADDRESS:	
CITY/STATE/ZIP	TELEPHONE:
SOCIAL SECURITY NUMBER:	EMAIL:

What position or type of work are you seeking?	Are you seeking <input type="checkbox"/> Full-time employment <input type="checkbox"/> Part-time employment <input type="checkbox"/> Temporary/Seasonal Employment
When are you available to begin work?	
Please indicate the days/hours you will be available for work.	

FORMAL EDUCATION

<u>School, College or University</u>	<u>Location</u>	<u>Area of Study</u>	<u>List Any Diplomas or Degrees Earned</u>	<u>Completed</u>
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

OTHER EDUCATION OR TRAINING

Please describe any additional education, training or seminar experience that you think is relevant to the position for which you are applying. It is not necessary to include dates.

EMPLOYMENT HISTORY (Please list present and former employers beginning with the most recent. Account for the last three employers or the last 10 years whichever is greater. See Resume is not acceptable.

From: To:	Company:	Company Address:
Last Position Held:	Supervisor's Name and Title:	Company Phone: Company E-mail:
Describe Your Work:		
Reason for Leaving:		Last Wage: Starting Wage:

From: To:	Company:	Company Address:
Last Position Held:	Supervisor's Name and Title:	Company Phone: Company E-mail:
Describe Your Work:		
Reason for Leaving:		Last Wage: Starting Wage:

From: To:	Company:	Company Address:
Last Position Held:	Supervisor's Name and Title:	Company Phone: Company E-mail:
Describe Your Work:		
Reason for Leaving:		Last Wage: Starting Wage:

From: To:	Company:	Company Address:
Last Position Held:	Supervisor's Name and Title:	Company Phone: Company E-mail:
Describe Your Work:		
Reason for Leaving:		Last Wage: Starting Wage:

Please explain any gaps in employment.

GENERAL INFORMATION

1. Are you eligible to work in the United States? If offered employment you will be asked to complete an I-9 and provide appropriate documents.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Has this company previously employed you? If yes, please give position and dates of employment: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are you related to or do you live in the same household as any current employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. If you are applying for a position that requires driving you will be required to present a valid Florida Driver's License. Do you currently possess a valid driver's license? List your Driver's License Number and Indicate State of Issue: _____ (A copy may be requested for some positions.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you ever been fired or encouraged to resign a position? If yes, please explain the circumstances.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have you been disciplined or received other forms of formal performance counseling in the last 12 months? If yes, please explain the circumstances.	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Have you received a formal performance evaluation in the last 12 months? If yes, what did the evaluator identify as strengths and as areas of concern?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Have you ever been convicted of a crime (excluding misdemeanors) (A yes answer will not necessarily disqualify you from employment.) If yes, please explain the circumstances.	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Have you taken or sold illegal drugs in the last 30 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No

PERFORMANCE OF JOB FUNCTIONS

Are you able to perform all the functions of the job for which you are applying, with or without accommodation? <input type="checkbox"/> Yes, without accommodation <input type="checkbox"/> Yes, with accommodation <input type="checkbox"/> No
If you indicated you can perform all the functions with an accommodations, please explain how you would perform the tasks and with what accommodation.

PERSONAL REFERENCES (Do not list former employers or relatives)

1. NAME: ADDRESS:	PHONE: E-MAIL: OCCUPATION:
2. NAME: ADDRESS:	PHONE: E-MAIL: OCCUPATION:
3. NAME: ADDRESS:	PHONE: E-MAIL: OCCUPATION:

PLEASE READ OR LISTEN TO THE FOLLOWING AND ACKNOWLEDGE YOUR UNDERSTANDING WITH YOUR SIGNATURE

Ruth Eckerd Hall, Inc. and Ruth Eckerd Hall Foundation, Inc. are equal opportunity employers in regards to job applications, hiring, advancement, discharge, compensation, training or other terms, conditions, or privileges of employment. No aspect of employment will be influenced in any manner by race, color, religion, sex, age marital status, national origin, veteran status, disability or any other basis prohibited by statute.

When warranted and requested, reasonable accommodation will be made for employees with disabilities, if the individual is qualified to perform the essential functions of the job, unless it would impose an undue hardship on the business.

This is a drug-free workplace. There is zero tolerance for bringing illegal, nonprescription drugs, narcotics or alcoholic beverages to work; being under the influence of such substances while working or off-duty, dispensing, distributing or illegally manufacturing or selling them on these premises and work sites. Alcoholic beverages may only be consumed on the premises when an employee is present as a guest or paying customer. Applicants and employees may be required to take a drug test.

Employment at this company is "at will" which means that either the employee or the company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. No representative of the company, other than the President and CEO has any authority to alter the foregoing.

Having read this or having had it read to me, I certify that the facts set forth in this application for employment are true and complete. Any misrepresentation or omission will result in this application not being processed. I understand that if I am employed, false statement on this application shall be sufficient cause for dismissal. I understand that any information I give may be investigated as allowed by law. I consent to release of information about my abilities, employment history, and fitness for employment. This consent shall continue to be effective during my employment if hired.

Applicant's Signature

Date