



# APPLICATION FOR EMPLOYMENT

4502 Inverrary Blvd Lauderhill, FL 33319

Office: 954-667-3933

E-mail: info@oncallmgmt.com

Applicant Name \_\_\_\_\_ Cell Number \_\_\_\_\_  
 Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_  
 Current Address: \_\_\_\_\_  
 Desired Position(s): \_\_\_\_\_ Salary desired: \$ \_\_\_\_\_  
 Referred By: \_\_\_\_\_

## Employment Details:

Type of Position Interested (circle one): Part-time Position **OR** Full-time Position

What days/times are you willing to work? (Check all that apply) [ ] Weekdays [ ] Weekends [ ] Mornings [ ] Afternoons

If applying for a temporary position, when will you be available to start? \_\_\_\_\_

Are you Currently Employed? [ ] Y [ ] N If hired, what date can you begin working? \_\_\_ / \_\_\_ / \_\_\_

## Personal Information:

• Do you have any friends, relatives, or acquaintances working for On Call Management, LLC? [ ] Y or [ ] N  
If yes, state name & relationship: \_\_\_\_\_

• If hired, will you have a **reliable** form transportation to/from work? [ ] Y or [ ] N

• If hired, will you be able to present proof of your legal right to work in the United States? [ ] Y or [ ] N

• Are you able to perform the essential functions of the job for which you are applying, either with/without reasonable accommodation? [ ] Y or [ ] N

• If no, describe the functions that cannot be performed: \_\_\_\_\_

*(Note: Company considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility)*

• Have you ever been convicted of a criminal offense (felony or misdemeanor)? [ ] Y or [ ] N

• If yes, please describe the crime - state nature of the crime(s), when and where convicted and disposition of the case. \_\_\_\_\_

*(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to*

*the position(s) applied for may, however, be considered.)*

## Education, Training and Experience:

**Grammar School:** Did you graduate? [ ] Y or [ ] N **Phone#** \_\_\_\_\_

School name: \_\_\_\_\_ School address: \_\_\_\_\_ # of years completed: \_\_\_\_\_

**High School:** Did you graduate? [ ] Y or [ ] N **Phone#** \_\_\_\_\_

School name: \_\_\_\_\_ School address: \_\_\_\_\_ # of years completed: \_\_\_\_\_

**College / University:** Did you graduate? [ ] Y or [ ] N **Degree? :** \_\_\_\_\_ **Phone#** \_\_\_\_\_

School name: \_\_\_\_\_ School address: \_\_\_\_\_ # of years completed: \_\_\_\_\_

**Technical School:** Did you graduate? [ ] Y or [ ] N **Degree? :** \_\_\_\_\_ **Phone#** \_\_\_\_\_

School name: \_\_\_\_\_ School address: \_\_\_\_\_ # of years completed: \_\_\_\_\_

## Additional Information

Do you speak, write or understand any foreign languages? [ ] Y or [ ] N

If yes, list languages(s) and your fluency Level from 1-5 \_\_\_\_\_

List 5 of your strengths: 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_ 4) \_\_\_\_\_ 5) \_\_\_\_\_

List 3 of your weaknesses: 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

List your skills: \_\_\_\_\_

List your certifications: \_\_\_\_\_

## Employment History

Are you currently employed? [ ] Y or [ ] N If you are currently employed, may we contact your current employer? [ ] Y or [ ] N

**Below, please describe past and present employment positions, dating back five years. Please account for all periods of unemployment. Even if you have attached a resume, this section must be completed.**

Name of Employer: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Business Type: \_\_\_\_\_ Position: \_\_\_\_\_

Duties: \_\_\_\_\_

Address: \_\_\_\_\_ Length of Employment (Include Dates): \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ May we contact this employer for references? [ ] Y or [ ] N

Name of Employer: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Business Type: \_\_\_\_\_ Position: \_\_\_\_\_

Duties: \_\_\_\_\_

Address: \_\_\_\_\_ Length of Employment (Include Dates): \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ May we contact this employer for references? [ ] Y or [ ] N

Name of Employer: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Business Type: \_\_\_\_\_ Position: \_\_\_\_\_

Duties: \_\_\_\_\_

Address: \_\_\_\_\_ Length of Employment (Include Dates): \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ May we contact this employer for references? [ ] Y or [ ] N

## References

**List below three persons who have knowledge of your work performance within the last four years. Please include professional references only.**

Name: \_\_\_\_\_ Phone# \_\_\_\_\_ Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Number of Years Acquainted: \_\_\_\_\_

Name: \_\_\_\_\_ Phone# \_\_\_\_\_ Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Number of Years Acquainted: \_\_\_\_\_

Name: \_\_\_\_\_ Phone# \_\_\_\_\_ Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Number of Years Acquainted: \_\_\_\_\_

# Employment Acknowledgment and Authorization

Please Read and Initial Each Paragraph, then Sign Below

I certify that I have not purposely withheld any information that might adversely affect my chances for hiring. I attest to the fact that the answers given by me are true & correct to the best of my knowledge and ability. I understand that any omission (including any misstatement) of material fact on this application or on any document used to secure can be grounds for rejection of application or, if I am employed by this company, terms for my immediate expulsion from the company.

I understand that if I am employed, my employment is not definite and can be terminated at any time either with or without prior notice, and by either me or the company.

I permit the company to examine my references, record of employment, education record, and any other information I have provided. I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers & all other persons, corporations, partnerships & associations from any & all claims, demands or liabilities arising out of or in any way related to such examination or revelation.

Applicant's Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Date: \_\_\_\_\_