



203 SE 2nd Ave
Okeechobee, Florida 34741
Phone: 1-863-261-8900 Fax: 1-863-279-1156

Employment Application Form

APPLICATION FOR EMPLOYMENT
APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-5.				DATE	
Name					
Last	First	Middle	Maiden		
Present address					
Number		Street	City	State	Zip
Dates in Residence at this address:					
Telephone () -		Cell: () -			
Previous address:					
Number		Street	City	State	Zip
Dates in Residence at this address:					
Date of Birth (for verification purpose only)			Social Security No.		
Position applied for (1)			Days/hours available to work		
salary desired (Be specific)			No Pref - Thur		
			Mon Fri _		
			Tue Sat _		
			Wed Sun _		
When available for work?					

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? ☐ No ☐ Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

DO YOU HAVE A DRIVER'S LICENSE? ☐ Yes ☐ No

What is your means of transportation to work?

Driver's license
number _____

State of issue _____

☐ Operator

☐ Commercial (CDL)

☐ Chauffeur

Expiration date _____

Have you had any accidents during the past three years?

If Yes How many?

Have you had any moving violations during the past three years?

If Yes How Many?

Please list two references other than relatives or previous employers

Name:

Name:

Position _

Position _

Company

Company

Address

Address

Telephone _____

Telephone _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES?

☐ Yes

☐ No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD?

☐ Yes

☐ No

Specialty

Date Entered

Discharge Date

Work Experience

Please list your work experience beginning with your most recent job held.

If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer

Name of last Supervisor

Employment dates

Pay or salary

Address:

City, State, Zip Code

Phone number

From

Start

To

Final

Your last job title

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

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Name of employer Address: City, State, Zip Code Phone number	Name of last Supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer Address: City, State, Zip Code Phone number	Name of last Supervisor	Employment dates	Pay or salary
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	Your last job title		
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List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer Address: City, State, Zip Code Phone number	Name of last Supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

May we contact your present employer? ☐ Yes ☐ No

Did you complete this application yourself ☐ Yes ☐ No

If not, who did?

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Changing Tree Wellness Center, Inc. (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Changing Tree Wellness Center, Inc., or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company. Both the undersigned and Changing Tree Wellness Center, Inc. may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of applicant:

Date:

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.

POST EMPLOYMENT INFORMATION FORM**TO BE COMPLETED AFTER EMPLOYEE HAS BEEN HIRED**

Height _____ ft. _____ in.

Weight _____

Birth date _____

Married ☐ Yes ☐ No If married, how long? _____ ☐ Single ☐ Separated ☐ Divorced ☐ Widowed

Full name of spouse _____ Occupation _____

Name of company _____ Telephone (____) _____

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

Name _____ Telephone (____) _____

Address _____ Relationship _____

FOR INSURANCE PURPOSES ONLY: LIST ALL DEPENDENTS

NAME	RELATIONSHIP	BIRTH DATE	SSN

**TO BE COMPLETED BY
EMPLOYER**

Date of employment _____ Job title _____ Dept. _____

Location _____ Rate of pay _____ ☐ Full-time ☐ Part-time ☐ Salaried

Applicant's signature acknowledging above information _____

Drug test confirmation number _____

Name of person verifying information _____

Name of person authorizing employment _____