



814 N. Kentucky Ave.  
Lakeland, FL 33801

**APPLICATION FOR EMPLOYMENT**  
(an equal opportunity employer)  
(Pre-Employment Questionnaire)

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

**PERSONAL INFORMATION**

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Position Desired \_\_\_\_\_ Desired Salary \_\_\_\_\_

Are you employed now? \_\_\_\_\_ Date you can start? \_\_\_\_\_ Social Security # \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle Initial

Present Address: \_\_\_\_\_  
Street City State Zip Code

How Long? \_\_\_\_\_ Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

In case of emergency, notify: \_\_\_\_\_ Phone: \_\_\_\_\_

Will you work: Days  Nights  Weekends  Full-time  Part-time

Are you a U.S. Citizen? \_\_\_\_\_ Are you legally entitled to be employed in the U.S.? \_\_\_\_\_ If Yes, under which provision:

U.S. Citizen  Permanent Resident Alien  Non-Immigrant Work Visa  Other

Have you ever been employed by Talbot House? \_\_\_\_\_ If so, when \_\_\_ / \_\_\_ Any relatives employed by Talbot House? \_\_\_\_\_

Have you ever resided or received services from Talbot House? \_\_\_\_\_ If so, when \_\_\_ / \_\_\_

Please explain situation: \_\_\_\_\_

Have you ever been convicted of a crime other than a minor traffic offense? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Driver's License # \_\_\_\_\_

List Traffic Violations you received in the last 36 months (other than parking violations)

<u>Date of Violation</u>	<u>Offense</u>	<u>Location</u>

**EDUCATION**

EDUCATION	NAME AND LOCATION	# OF YRS ATTENDED	DIPLOMA/ DEGREE	SUBJECT/STUDIES
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE BUSINESS OR CORRESPONDENCE SCHOOL				

**WORK HISTORY**

MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION HELD MANAGERS NAME	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

Typing Speed: \_\_\_\_\_ Shorthand: \_\_\_\_\_ Additional Languages: \_\_\_\_\_

Describe your most memorable accomplishment in your work history:

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List below any extra-curricular activities, offices held, awards, honors received, civic or volunteer activities and/or additional courses/seminars completed:

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List any skills, training, or skills on computer programs:

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In your own handwriting, please give a brief explanation of why you would like to work for Talbot House:

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**REFERENCES:**

**NAME:** \_\_\_\_\_ **PHONE** \_\_\_\_\_ **YEARS KNOWN?** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **PHONE** \_\_\_\_\_ **YEARS KNOWN?** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **PHONE** \_\_\_\_\_ **YEARS KNOWN?** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **PHONE** \_\_\_\_\_ **YEARS KNOWN?** \_\_\_\_\_

The above statements are true to the best of my knowledge. I understand that misinterpretation or omission of facts called for on this application is cause for dismissal. I also understand that should I be employed, my employment may be terminated at will and completed option of Talbot House.

I hereby authorize the prospective employer to make any inquiries it desires concerning me, and also authorize and request each former employer and school or college to answer all questions that may be asked in connection with my application for employment and to furnish the prospective employer with transcripts, personnel files and other records concerning my qualification for this job.

I agree to submit to a drug screening prior to or during employment and understand and agree that I will be expected to satisfactorily complete a probationary period. I further understand and agree that should I refuse to submit to a drug screening, should the results of such drug screening be unsatisfactory or should I fail to satisfactorily complete such probationary period, my employment may be terminated. I agree that Talbot House shall be without liability for any claims arising out of or in any way connected with my drug screening and that such examination is solely for the benefit of the Talbot House and not for my benefit.

Talbot House is committed to a policy of hiring qualified handicapped individuals. The medical information requested by this application shall not be used to limit, segregate or classify handicapped individuals in such manner to deprive them of employment opportunities for which such individuals may be qualified.

An investigate credit report may be made. I have the right to request in writing that a disclosure of that nature and scope of the investigation be made to me.

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