

DELAND FOOT AND LEG CENTER EMPLOYMENT APPLICATION

The employers of DFALC affirms the right of all individuals to equal opportunity in employment without regard to race, color, religion, sex, age, handicap or disability, national origin, military status, marital status, sexual orientation, or any other basis prohibited by federal or state law.

Please answer all questions below and check the applicable box even if you are attaching a resume.
If an item does not apply enter "n/a".

PERSONAL INFORMATION									
DATE OF APPLICATION:		Soc. Sec. #:				Do You Have Driver License: Y or N		STATE:	
LAST NAME: FIRST: M.I.:					HM PHONE:		WK PHONE:		
OTHER PHONE:			MESSAGE CELL PHONE			EMAIL ADDRESS:			
MAILING ADDRESS: CITY: STATE: ZIP:									
PERMANENT ADDRESS (if different): CITY: STATE: ZIP:									
ARE YOU LESS THAN 18 YEARS OF AGE? Yes No (Regulations prohibit use of some equipment by those under 18)					HAVE YOU BEEN ARRESTED?		Yes No		
ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE U.S.? Yes No (Proof of U.S. citizenship or immigration status will be required if hired.)					If yes, on separate sheet, list convictions that are a matter of public record (arrests are not convictions). A conviction will not necessarily disqualify you for employment.				
WORK SCHEDULE AVAILABILITY									
PERMANENT TEMPORARY EITHER					DATE YOU CAN START:		MIINIMUM # HOURS AVAILABLE:		
FULL TIME PART TIME EITHER					WAGE EXPECTED:		MAXIMUM # HOURS AVAILABLE:		
SPECIFY HOURS AVAILAB LE	MON	TUE	WED	THU	FRI				
EDUCATION / TRAINING HISTORY									
List high school, colleges, military, trade, business, or other schools attended.									
NAME & LOCATION OF SCHOOL COLLEGE OR UNIVERSITY		COURSE OF STUDY MAJOR	HOW LONG ATTENDED?			DID YOU GRADUATE?		DEGREE OR CERTIFICATE RECEIVED	
1.									
2.									
3.									

SPECIALIZED SKILLS AND KNOWLEDGE
Please list any other employment, voluntary work, or projects that you think may be related to the job you are applying for.

REFERENCES

Please provide the names of three references other than friends or family whom you have known for at least one year.

NAME:
CITY: ST:
PHONE:
YEARS KNOWN:
HOW KNOWN:

NAME:
CITY: ST:
PHONE:
YEARS KNOWN:
HOW KNOWN:

NAME:
CITY: ST:
PHONE:
YEARS KNOWN:
HOW KNOWN:

GENERAL QUESTIONS

DO YOU KNOW ANY CURRENT OR PREVIOUS EMPLOYEES OF DFALC? Yes No IF YES, WHO?

IS THERE ANY PARTICULAR REASON THAT YOU APPLYING AT DFALC?

DO YOU HAVE ANY CURRENT LICENSES (Medical)? Yes No

HOW LONG HAVE YOU LIVED AT YOUR
CURRENT ADDRESS?

CAN YOU LIFT 50 LB. ITEMS AS PART OF YOUR JOB? Yes No

LIST THREE WORDS THAT YOU FEEL BEST
DESCRIBE YOURSELF:

HAVE YOU EVER WORKED IN A TEAM ENVIRONMENT? Yes No

WHAT WAS YOUR FAVORITE JOB & WHY?

HAVE YOU EVER WORKED INDEPENDENTLY? Yes No

WHAT WAS YOUR LEAST FAVORITE JOB & WHY?

LIST YOUR SHORT TERM GOAL(S)? (6-12 MONTHS)

WHAT IS A PET PEEVE OF YOURS?

LIST YOUR LONG TERM GOAL(S)? (5-10 YEARS)

LIST HOBBIES/LEISURE ACTIVITIES: