

Project LINK Employment Application



Date: _____

Name: _____
(Last / First / Middle)

Address: _____
(No. Street / City / State / Zip)

Telephone: (____) _____ - _____ Email Address: _____

Date of Birth: Month _____ / Day / _____ Year / _____ Social Security Number: _____ - _____ - _____

Driver License Number: _____ State Issued: _____

Are you 18 years of age or older? Yes No Do you have your own vehicle? Yes No
Make/Model/Year: _____

EDUCATION

Type	Name/Location	Course of Study	Years Completed	Degree/ Diploma
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
Technical or Other	_____	_____	_____	_____

CAREER RECORD

Company Name and Address	Kind of Work	Dates		Reason for Leaving
		Start	End	
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

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POSITION INTEREST

(choose one) Social Worker Counselor Parent Mentor Class/Workshop Instructor Admin Support

How did you learn about Project LINK? _____

I am available: (circle) Mornings Afternoons Evenings Weekends

Part-Time (or) Full-Time

Please rate your proficiency level in Microsoft Office. _____ **Rate Scale:** 1=Beginner 2=Intermediate 3=Advanced 4=Expert

Please list any additional information that relates to your ability to perform the services for which you have applied such as licenses, professional memberships, hobbies, etc.

***Do you have **any** pending charges or convictions for violent act against a child, including child neglect, child abuse, sexual assault, or molestation? Yes___ No___

***Do you have **any** criminal offenses that are pending charges, have been convicted of or adjudication withheld, at this time or anytime in your lifetime? Yes___ No___ if so, what, _____

PROFESSIONAL REFERENCES:

Name	Phone Number	Relationship	Yrs Known	Profession
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

APPLICANT'S STATEMENT

I understand that Project LINK follows an "at will" policy, in that I or Project LINK may terminate my contractual services at any time, or for any reason consistent with applicable state or federal law; this "at will" policy cannot be changed verbally or in writing, unless the change is specifically authorized in writing by the executive director of this organization. I understand that this application is not a contract. If offered a position, I will be receiving a contract to execute.

I understand that Project LINK will thoroughly investigate my criminal/personal history and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools, firms named therein and my current employer, if so noted, to provide any information requested about me, and I release them from all liability for damage in providing this information.

I certify that all the statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal, criminal prosecution, or refusal of enlistment.

Your Signature: _____ Date: _____
(original signature required)

Office Location: 1315 W. Spruce Street Tampa, FL 33607 **Fax:** 813.276.5642 * **Office:** 813.276.5671