



PERSONAL DATA FOR EE0-1REPORTING

The information requested on this form is required for Federal Equal Employment Opportunity (EEO) reporting requirements only. Your voluntary cooperation in completing all the sections below is appreciated. The information is kept SEPARATELY from other applicant data. Under state and federal law, the information provided cannot be used to discriminate against any person.

Last Name: _____	First Name: _____	MI: ____
Position Applied For:		

Gender: Male Female

Race: White, Non-Hispanic
 Black, Non-Hispanic
 Hispanic
 Asian or Pacific Islander
 American Indian or Alaskan Native
 Other

Are you a Veteran? YES NO

We thank you for voluntarily providing this information for the purpose of reporting

Signature: _____

Date: _____

EMPLOYMENT APPLICATION

Equal access to programs, services and employment is available to all persons. Applicants/employees requiring accommodation should contact Human Resources at (954) 779-3990.

Position Applied For _____ Today's Date _____

PERSONAL INFORMATION

Last Name	First Name	Middle Name
Address Apt. #	City	State/Zip Code
Home Telephone	Cell #	Work # Ext.
Social Security #	Drivers' License #	Position Desired: <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp

How did you learn about the position? _____ Salary Desired _____

What is the best time and best number to reach you? AM PM Telephone # _____

Do you have any relatives or friends working for us? Yes No
 If yes, please state the name and relationship: _____

If you are under 18 years of age, can you provide required work permit? Yes No

Are you legally eligible for employment in this country? Yes No
(Proof of citizenship/immigration status will be required upon employment)

Can you travel if the job requires it? Yes No

Have you been convicted of a crime? Yes No If yes, please provide the date of conviction and explain: (Conviction may be relevant if job related, but may not bar applicant from employment)

Have you read the job posting/job description? Yes No

Are you able to perform the essential functions of the position for which you are applying?
 Yes No. If not, describe function that you cannot perform:

WORK HISTORY: List your last 3 employers, starting with the most recent. Include any military service. Explain any "gaps" in employment in the comments section.

Employer (most recent)	Telephone	Date Employed From To		Work Performed/Job Duties
Reason For Leaving				May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer #2	Telephone	Date Employed From To		Work Performed/Job Duties
Reason For Leaving				May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer #3	Telephone	Date Employed From To		Work Performed/Job Duties
Reason For Leaving				May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No

Comments: _____

EDUCATION: List the last three (3) schools attended. Start with the most recent.

Name of School	Year Graduated	Degree/Diploma	Major	GPA

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SPECIAL SKILLS: Please indicate licenses/certifications held; military experience and/or foreign languages.

REFERENCES: Those listed should not be relatives; they may include professional and character references.

Name	Address	Telephone	How Long have you Known?

APPLICANT'S STATEMENT

I _____ certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

It is understood and agreed upon that any misrepresentation by me on this application will be sufficient cause for removal or consideration for employment and/or separation from employment if I have been employed.

I understand and hereby acknowledge that, unless otherwise defined by applicable law, any employment relationship with Broward Partnership for the Homeless, Inc. is "At-Will" in nature which means that I may resign at any time and that Broward Partnership for the Homeless, Inc. may discharge me at any time with or without cause.

I understand it is Broward Partnership for the Homeless, Inc.'s policy to abide by all labor laws and remain committed to its standards as an equal opportunity employer in practice and in the spirit of the law.

AUTHORIZATION FOR RELEASE OF INFORMATION AND BACKGROUND CHECK

I _____ consent and authorize Broward Partnership for the Homeless, Inc. to have a consumer report made as to my employment history, motor vehicle driving record, criminal record and credit history and other pertinent information for employment purposes, including initial hiring decisions, promotions, reassignments and/or retention.

I also authorize and request every person, firm, company, corporation, governmental agency, court, law enforcement office, funders, and any other entity having control or possession of any information pertaining to me or my background to furnish same to any requesting party.

By this authorization for Release of Information and Background Check, I hereby forever release, discharge, exonerate, hold harmless and indemnify Broward Partnership for the Homeless, Inc., its affiliates, employees, representatives, agents, and subcontractors, and any other person, entity, organization or institution furnishing information to them from any and all liabilities of every nature and kind, including but not limited to claims for libel, slander, invasion of privacy, related tort claims, misuse of information obtained and any other claims or cause of action arising out of the furnishing, inspection or copying of any documents, files, records, and other information, or the investigation made by or on behalf of the agency.

I understand that a photocopy or facsimile of this signed document shall be considered as valid as an original.

APPLICANT SIGNATURE

X _____

DATE _____