



EMPLOYMENT APPLICATION

Applications are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or in the presence of a non-related medical condition or handicap.

Applicant's Name _____ Date _____

Address _____ Phone # _____

City _____ State _____ Zip _____ Social Security # _____

Contact phone number _____ Alternate _____

Are you legally eligible to work in the United States? Yes No Are you at least 18 years old? Yes No

Have you applied here before? Yes No When? _____ Position applied for? _____

Available Start Date _____ Full time Part time Temporary Other _____

EMPLOYMENT EXPERIENCE - Start with your present job or last job. Include military assignments and other volunteer activities. Exclude organizational names which indicate race, color, religion, sex, or national origin

Current Employer _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Supervisors' Name _____

Job Title _____ Reason for leaving _____

Dates of Employment: From _____ To _____ Salary or Hourly rate _____

Employer _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Supervisors' Name _____

Job Title _____ Reason for leaving _____

Dates of Employment: From _____ To _____ Salary or Hourly rate _____

Employer _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Supervisors' Name _____

Job Title _____ Reason for leaving _____

Dates of Employment: From _____ To _____ Salary or Hourly rate _____

EDUCATION

Schools/Colleges Attended:

Years Year Grad. Degree

_____	_____	_____
_____	_____	_____
_____	_____	_____

Licenses and Certifications

Name	State Issued	License-Cert #	Exp. Date

Has your license or certification ever been suspended or revoked? ___Yes ___No
If yes, please attach a written explanation.

Have you ever been convicted of a misdemeanor or a felony? ___Yes ___No
If yes, please attach a written explanation.

Drivers License # _____ State _____ Expiration _____

Are you a veteran of the U.S. Military service? [] Yes [] No

Describe any special qualifications you may have:

I HEREBY CERTIFY that all of the information provided by me in this application is correct, accurate and complete to the best of my knowledge. I understand that the falsification or misrepresentation or omission of any facts in said document will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery. I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by Southwest Florida College (hereinafter referred to as SWFC) that such employment with SWFC is at will, for no specified duration and may be terminated by either SWFC or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements of SWFC or its representatives used during the employment process is deemed a contract of employment real or implied. I understand that no representative of SWFC except the CEO or designee, has the authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed by the CEO of SWFC.

In consideration for employment with SWFC, if employed, I agree to conform to the rules, regulations, policies and procedures of SWFC at all times and understand that such obedience is a condition of employment. I understand that due to the nature of SWFC business, attendance and punctuality are considered essential requirements of every job at SWFC and that poor attendance or tardiness will result in disciplinary action. See Employee Handbook for reference. BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.

Signature _____ Date _____

APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION

SFC Corporation d/b/a Southwest Florida College requires, as a condition of employment, and/or continued employment, that all applicants consent to and authorize a verification of the information submitted on their application or resume. Please read this statement carefully.

I, the undersigned applicant, do hereby certify that the information provided by me for the purpose of employment is true and complete to the best of my knowledge. I understand that if I am employed any false statements will be considered as cause for possible dismissal.

This release and authorization acknowledges that this Company may now, or at any time while I am employed, conduct a verification of my employment history, credit history, professional licensing and receive any criminal history record information pertaining to me which may be in the files of any Federal, State or Local criminal justice agency in any state, and/or other information as deemed necessary to fulfill the job requirements.

I authorize Hart Investigations, Inc. and any of its agents and/or employees to disclose orally and in writing the results of this verification process to the designated authorized representatives of this Company. The results will be used to determine employment eligibility under this Company's employment policies.

I have read and understand this release and consent, and I authorize the background verification. I authorize persons, schools, current and former employers, and other organizations and Agencies to provide Hart Investigations, Inc. with all information that may be requested, and I hereby release all of the persons and Agencies providing such information from any and all claims and damages connected with their release of any requested information. I agree that any copy of this document is as valid as the original.

I do hereby agree to forever release and discharge this Company, its agent, Hart Investigations, Inc. and their associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs and expenses, or any other charge or complaint filed with any agency arising from the retrieving and reporting of information. According to the Federal Fair Credit Reporting Act, I am entitled to know if employment was denied based on information obtained by my prospective employer and to receive, upon written request, a disclosure of the public record information and of the nature and scope of the investigative report.

Please provide all requested information and provide addresses for the last seven (7) years Please print clearly

Applicant's Name, Printed – Last, First, Middle _____ Maiden or other names used and dates

Current Address – Street, City, State, Zip _____ How Long _____ Name of County

Previous Address – Street, City, State, Zip _____ How Long _____ Name of County

Previous Address – Street, City, State, Zip _____ How Long _____ Name of County

Social Security Number _____ Date of Birth – for confirmation of ID only

Name – exactly as it appears on Driver's License

(Authorization to contact present employer for reference) _____ Signature _____ Date
 Yes No