



## APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer  
**ALL APPLICANTS ARE SUBJECT TO DRUG TESTING**

Please answer all questions. Resumes are not accepted in lieu of completion of this application. **Note:** This application was designed to be used with several types of job positions. Some questions may not be completely applicable to the job position you are seeking; however, we ask that you answer all questions.

Last Name	First Name	MI	Social Security Number	Date
Preferred Name			Pronouns	

Current Street Address	City, State	ZIP Code	Telephone Number
------------------------	-------------	----------	------------------

Only U. S. Citizens or aliens who have a legal right to work in the U. S. are eligible for employment. Can you, upon employment, submit documentation verifying your identity and legal right to work in the U. S.?  
 Yes                       No

Have you ever been convicted of a felony?    Yes                       No

Have you ever been charged with a felony which resulted in probation, a plea of nolo contendere, any form of plea bargain, or sentencing?    Yes                       No

If you answered yes to either of the above questions, provide dates and explain the circumstances. (Attach a separate sheet of paper if necessary). A conviction will not necessary disqualify you from employment. Provide evidence of rehabilitation history.

Do you use any type of tobacco products such as: cigarettes, chewing tobacco, snuff, electronic cigarettes, etc.?    Yes    No  
 If yes, what type? \_\_\_\_\_

Are you 18 years of age or older?    Yes                       No

Position desired: \_\_\_\_\_

### Education Data

School	Print name, street address (including city, state, and ZIP code) for each	No. of Years Completed	Degree Awarded	Major Course of Study
High School				
College				
Graduate School/Other				

Other skills: List any other job-related skill or qualifications that support your application. \_\_\_\_\_

Honors received, Licensure: \_\_\_\_\_

In order to permit a check of your work and educational records, should we be made aware of any change of name or assumed name that you previously used?  Yes  No If yes, identify names and dates: \_\_\_\_\_

Do you have any prior educational experience which relates to the job for which you are applying?  Yes  No  
If yes, please describe: \_\_\_\_\_

### EMPLOYMENT EXPERIENCE

**ALL FORMER JOBS.** List most recent job first. Account for all time periods including **unemployment, self-employment, and military service.** (Attach separate papers as necessary)

Employer	Dates Employed (From/To)	Work Performed
Address		
Job Title	Hourly Rate/Salary (Starting / Final)	
Immediate Supervisor	Telephone Number	
Reason for Leaving		

Employer	Dates Employed (From/To)	Work Performed
Address		
Job Title	Hourly Rate/Salary (Starting / Final)	
Immediate Supervisor	Telephone Number	
Reason for Leaving		

Employer	Dates Employed (From/To)	Work Performed
Address		
Job Title	Hourly Rate/Salary (Starting / Final)	
Immediate Supervisor	Telephone Number	
Reason for Leaving		

Employer	Dates Employed (From/To)	Work Performed
Address		
Job Title	Hourly Rate/Salary (Starting / Final)	
Immediate Supervisor	Telephone Number	
Reason for Leaving		

Have you ever been dismissed or forced to resign from any employment?  Yes  No  
 If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

IN CASE OF EMERGENCY, NOTIFY		
Name	Telephone Number	Relationship
Street Address	City/State	ZIP Code

Are you a veteran of the U. S. Military?  Yes  No If yes, what branch of service? \_\_\_\_\_  
 If yes, please list beginning date and ending date of duty: \_\_\_\_\_ - \_\_\_\_\_

If a job requires driving, your driving record will be verified. Will you provide a valid Florida driver's license?  Yes  No  
 Describe any driving infractions in the last 5 years. \_\_\_\_\_

**IF A JOB REQUIRES DRIVING, PLEASE BE PREPARED TO FURNISH A DRIVING TRANSCRIPT UPON AN OFFER OF EMPLOYMENT**

Do you have transportation to work?  Yes  No Will you work overtime if asked?  Yes  No  
 Are there any hours, shifts, or days you will not work?  Yes  No If yes, explain: \_\_\_\_\_

Do you have any friends or relatives that work here? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name _____ Relationship _____
Name _____ Relationship _____

Are you now employed?  Yes  No Are you on layoff?  Yes  No Are you subject to recall?  Yes  No

May we contact your present employer?  Yes  No May we contact your previous employer?  Yes  No

Please identify any exceptions and reasons for not contacting prior employers: \_\_\_\_\_  
 \_\_\_\_\_

**CO-WORKER REFERENCES**

List three persons, not related to you, whom you have known for three years

Name	Address	Telephone	Company
1.			
2.			
3.			

How did you hear about BCI and the job you are applying? \_\_\_\_\_  
 \_\_\_\_\_

List below any information or remarks that you wish to have considered as part of your application for employment.

Have you filed an application here before?  Yes  No If yes, give date: \_\_\_\_\_  
Have you ever been employed here before?  Yes  No If yes, give date: \_\_\_\_\_

**APPLICANT'S STATEMENT**

**PLEASE READ THE FOLLOWING IMPORTANT INFORMATION CAREFULLY**

Bridgeway Center, Inc. will adhere to all Federal, State, and local laws that apply to employment practices.

I certify that the answers given herein are true and complete to the best of my knowledge. I understand employment is conditional on a background check. I authorize the investigation of all matters contained in this application (and/or resume, if any) and hereby give Bridgeway Center, Inc. permission to contact schools, previous employers, references, and others. I understand that misrepresentations, omissions of facts or incomplete information requested in this application (or resume, if any) may remove me from further consideration for employment. In addition, if employed, any misrepresentations or omissions of facts called for in this application will be cause for dismissal at any time without previous notice. I hereby release from liability the employer and its representatives from seeking, gathering and using such information and all other persons, corporations or organizations related to such disclosure.

I understand, if employed by Bridgeway, that my employment is for no specific term and may be terminated by me or by Bridgeway with or without notice or cause at any time. I further understand that no oral promise, Bridgeway policy, form, custom, business practice or other procedure (including Bridgeway Policies & Procedures, Employee Handbook, or any personnel publications) constitutes an employment contract or modification of the employment relationship between me and Bridgeway Center, Inc. Bridgeway Center, Inc. hires provisionally based on background screening and satisfactory drug screening.

I understand that positions within Bridgeway are contingent upon the continuation of funding available. Positions may be eliminated with little or no advance warning in the event of loss of funding or revenue.

The contents of the Employee Handbook or other personnel manuals, as well as Bridgeway Policies & Procedures, are subject to change or modification by Bridgeway, solely at its discretion, without notice. I also understand that no supervisor or other official at Bridgeway (except its Chief Executive Officer in writing) has authority to enter any employment agreement with me or to make any agreement contrary to the foregoing.

If I am offered employment I agree to submit to a drug test before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate to Bridgeway and as permitted by law. I consent to such examinations and tests, and request the examining doctor disclose to Bridgeway the results (which shall remain confidential and segregated from my personal file) of the examination. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug test.

If I am hired a condition of my employment will be that I abide by all Bridgeway work rules, policies and procedures, including the Non-harassment and Drug Free Workplace policies. I understand that violation of these policies may lead to dismissal of employment. Bridgeway retains the right to revise its policies and procedures, in whole or part, at any time.

This application will remain active for two weeks. Any applicant wishing to be considered for employment beyond two weeks should reapply.

I represent and warrant I have read and understand the above and seek employment under these conditions.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Bridgeway Center, Inc. is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, age, sex, religion, national origin, handicap or marital status. We assure you that your opportunity for employment with Bridgeway Center, Inc. depends solely upon your qualifications.

Bridgeway Center complies with the Americans With Disabilities Act of 1990. During the interview process, you may be asked questions concerning your ability to perform job-related functions. If you are given a conditional offer of employment, you may be required to complete a post-job offer medical history questionnaire and/or undergo a medical examination. If required, all entering employees in the same job category will be subject to the same medical questionnaire and/or examination and all information will be kept confidential and in separate files.