



APPLICATION FOR EMPLOYMENT

Eckerd Youth Alternatives, Inc. ("Eckerd Kids") considers all applicants for employment without regard to race, color, religion, sex, sexual orientation, national origin, age, handicap or disability, or status as a Vietnam-era or special-disabled veteran in accordance with federal law.

Contact Information			
First Name		Middle Initial	
Last Name		Suffix	
Email		Address	
Address 2		City	
Country		State/Province	
Zip/Postal Code		Primary Phone	
		Secondary Phone	
Emergency Contact			
First Name		Last Name	
Home Phone		Business Phone	
Address		City	
State		Zip	
General Information			
If you were offered a position, do you have the legal right to work for Eckerd Kids in the United States?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please describe work authorization status. (You will be required to provide a copy of your work permit upon hire)			
Are you 18 years of age or older?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been employed by Eckerd Kids?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, location?			
Do you have relatives employed by Eckerd Kids?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please give their name(s).		From Date	To Date
Are you currently an Eckerd Kids Foster Family accepting children served within the Eckerd Kids Child Welfare System?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently perform any work for the Florida Department of Juvenile Justice?			
Referral Information			<input type="checkbox"/> Yes <input type="checkbox"/> No
Were you referred by a current employee?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, please list employee's name:			
Work Experience			
Most Recent Employer			
Provide your employment history for the past 10 years. Explain any employment gaps of 4 weeks or more that have occurred in the last 24 months.			
Current or Most Recent Employer			
Phone			
Country		Type of Business	
City		Address	
Employed From		State	

Eckerd Kids is an equal opportunity employer and a drug-free workplace.



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Position/Title		Zip Code	
Reason for leaving		Employed To	
Starting Salary \$		Description of Duties	
Other compensation (Explain any additional compensation you received, such as bonuses, shift premium or overtime)			
Name of Supervisor		Ending Salary \$	
Title of Supervisor			
Are you presently employed by this company? (If yes, please note we will be contacting employer once an offer has been accepted)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you eligible for rehire?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Supervisor's phone	
		Supervisor's e-mail	
Employment Gap			<input type="checkbox"/> Yes <input type="checkbox"/> No
Gap Date Range			
Reason for Gap (seeking work, travel, etc.)			
Name of Reference to verify (Do not include relatives)		Phone Number	
Previous Employer			
Employer			
Phone			
Country		Type of Business	
City		Address	
Employed From		State	
Position/Title		Zip Code	
Reason for leaving		Employed To	
Starting Salary \$		Description of Duties	
Other compensation (Explain any additional compensation you received, such as bonuses, shift premium or overtime)			
Name of Supervisor		Ending Salary \$	
Title of Supervisor			
Are you eligible for rehire?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Supervisor's phone	
		Supervisor's e-mail	
Employment Gap			<input type="checkbox"/> Yes <input type="checkbox"/> No
Gap Date Range			
Reason for Gap (seeking work, travel, etc.)			
Name of Reference to verify (Do not include relatives)		Phone Number	
Previous Employer			
Employer			
Phone			
Country		Type of Business	
City		Address	
Employed From		State	
Position/Title		Zip Code	
Reason for leaving		Employed To	
Starting Salary \$		Description of Duties	
Other compensation (Explain any additional compensation you received, such as bonuses, shift premium or overtime)			



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Name of Supervisor		Ending Salary \$	
Title of Supervisor			
Are you eligible for rehire?		Supervisor's phone	
<input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's e-mail	
Employment Gap		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Gap Date Range			
Reason for Gap (seeking work, travel, etc.)			
Name of Reference to verify		Phone Number	
(Do not include relatives)			
Previous Employer			
Employer			
Phone			
Country		Type of Business	
City		Address	
Employed From		State	
Position/Title		Zip Code	
Reason for leaving		Employed To	
Starting Salary \$		Description of Duties	
Other compensation (Explain any additional compensation you received, such as bonuses, shift premium or overtime)			
Name of Supervisor		Ending Salary \$	
Title of Supervisor			
Are you eligible for rehire?		Supervisor's phone	
<input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's e-mail	
Employment Gap		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Gap Date Range			
Reason for Gap (seeking work, travel, etc.)			
Name of Reference to verify		Phone Number	
(Do not include relatives)			
Previous Employer			
Employer			
Phone			
Country		Type of Business	
City		Address	
Employed From		State	
Position/Title		Zip Code	
Reason for leaving		Employed To	
Starting Salary \$		Description of Duties	
Other compensation (Explain any additional compensation you received, such as bonuses, shift premium or overtime)			
Name of Supervisor		Ending Salary \$	
Title of Supervisor			
Are you eligible for rehire?		Supervisor's phone	
<input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's e-mail	
Employment Gap		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Gap Date Range			
Reason for Gap (seeking work, travel, etc.)			
Name of Reference to verify		Phone Number	
(Do not include relatives)			



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Education Eckerd Kids will require transcripts for some positions			
High School			
Name of School			
State/Province			
Did you graduate?		If GED, please provide district or agency.	
Colleges/Universities/Technical Schools		Please provide details of your academic history starting with the most recent first.	
School Type			
Country			
City		Name of School	
Highest Level of Education Completed		State/Province	
Major		Did you graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date Attended From		Date Degree was Received	
Colleges/Universities/Technical Schools			
School Type			
Country			
City		Name of School	
Highest Level of Education Completed		State/Province	
Major		Did you graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date Attended From		Date Degree was Received	
Achievements and Certifications		Please list any other Academic Achievements, Certifications, or Licenses (e.g. vocational training, patents, publications, etc.)	
Licensure/Certifications			
License Type			
License Agency			
State of Licensure			
License Number		License Expiration	
Military Service			
Have you served in the military?	<input type="checkbox"/> Yes <input type="checkbox"/> No	State	
Military Discharge			
If Yes, did you receive a dishonorable discharge?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Military Branch			
Branch of Service	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Active Duty From		Active Duty To	
Date of Final Discharge			
REFERENCES			
Please list a minimum of four (4) individuals who are qualified to give an opinion of your professional work ability and work experience. Please exclude members of your family and supervisors already listed in Work Experience section. Include phone numbers where references can be contacted during the business hours.			
Reference			
Name			
Employer	Email Address		
Number of years known	Relationship		



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State		Daytime Phone
Zip Code		Country
Reference		
Name		
Employer		Email Address
Number of years known		Relationship
State		Daytime Phone
Zip Code		Country
Reference		
Name		
Employer		Email Address
Number of years known		Relationship
State		Daytime Phone
Zip Code		Country
Reference		
Name		
Employer		Email Address
Number of years known		Relationship
State		Daytime Phone
Zip Code		Country
Required Identification Information		
The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes.		
SSN	Date of Birth	
Do you have a valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Number	
I hereby release the employer and agents and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the request for or release of any of the above mentioned information or reports.		
Other Names Known By (Optional Section - Complete required fields if used)		
If yes, please provide the Full Previous Name		

Certification and Release Statement
<p>I certify that I have read and understand the applicant instruction on page one of this application and that the answers given by me to the foregoing questions and statements made by me are complete and true to the best of my knowledge and belief.</p> <p>I understand that any false information, omissions or misrepresentations of facts called for in this application, whether on this document or not, may result in rejection of my application or discharge at any time during my employment.</p> <p>I authorize the company and/or its agents, including consumer reporting bureaus, to verify any of this information.</p> <p>I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.</p> <p>I affirm that I have not had any criminal convictions that would adversely affect my capacity and ability to provide care, safety and security for children; I have not abused or neglected a child or been a respondent in a juvenile court proceeding that resulted in the removal of a child or had child protective services involvement that resulted in the removal of a child; I have not abused, neglected or exploited a disabled adult; and I have not been a domestic violence perpetrator.</p> <p>I understand that as a condition of employment, Eckerd Kids will verify my right to work through the completion of an I-9 and use of the E-Verify System.</p>
At-Will Employment
<p>The relationship between you and Eckerd Kids is referred to as "employment at will." In signing this application, I understand and agree that, if hired, my employment can be terminated at any time for any reason, with or without cause, with or without notice by me or the Company. No representative of the Company has authority to enter into any agreement contrary to the foregoing "employment at will" relationship or to the rules and policies of Eckerd Kids. Nothing contained in this application creates an express or implied contract of</p>



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employment.

Release Authorization

1. In connection with my application for employment, I understand that a consumer report or an investigative consumer report may be requested that will include information as to my character, work habits, performance, and experience, along with reasons for termination of past employment. I understand that as directed by company policy and consistent with the job described, you may be requesting information from public and private sources about my: workers' compensation injuries, driving record, court record, education, credentials, credit, and references. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.
2. Medical and workers' compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a Consumer Reporting Agency. If so, I will be notified and given the name and address of the agency or the source that provided the information.
3. Minnesota, California, and Oklahoma applicants only. If you want a copy of the report(s) ordered, check the box below. The report(s) will be sent by the reporting agency to you at the address entered on the application.
4. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by or its agent, to furnish the information described in Section 1.
5. I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer to Eckerd Kids. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released by my previous employer, is limited to the following DOT-regulated items: alcohol tests with a result of 0.04 or higher, verified positive drug tests, refusals to be tested, other violations of DOT agency drug and alcohol testing regulations, information obtained from previous employers of a drug and alcohol rule violation and any documentation of completion of the return-to-duty process following a rule violation.

MN, CA and OK applicants only

Do you want a copy of the report(s) ordered?

Yes No

The report(s) will be sent by the reporting agency to you at the address entered on the application.

Signature Section

Your signature indicates that you accept the conditions for employment with Eckerd Kids and the terms and conditions above.

Signature		Today's Date	
Print Name			