

**Thank you for your interest in joining the
CareerSource Broward Team!**

In order to expedite the processing of your application, please complete the application in its entirety, sign, scan, and send the completed application to:

hr3@careersourcebroward.com

IMPORTANT NOTE: Please make sure to include the following in the subject line of the email: your full name, the position you are applying for, and the code **CSBD2890**



CareerSource Broward
2890 West Cypress Creek Road
Fort Lauderdale, FL 33309
(954) 202-3830

APPLICATION FOR EMPLOYMENT

Position Applying For	Job Number (If Applicable)
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Instructions: Please print or type all information. The application must be filled out accurately and completely. Answer all questions. Do not leave an item blank. If an item does not apply, write N/A (not applicable). If you need additional space to answer a question fully, you may use full sheets of paper that are the same size as this page. On each additional page, be sure to include your name and the position title. You may also attach copies of documents or certificates which support your application. All materials submitted become the property of CareerSource Broward (CSBD) and will not be returned. Nothing can be added to your application after the announcement period has closed. All statements made on the application are subject to verification. Exaggerated, false, or misleading statements may be cause for rejection of the application and/or termination of employment. **THIS APPLICATION MUST BE SIGNED ON THE LAST PAGE OR IT WILL BE VOIDED.**

Present Legal Name		
Last Name	First Name	M.I.

Social Security Number (List last four (4) digits)	When Available	If you require assistance with testing due to a disability, please notify our staff.
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Applying for (Check all responses that apply)		
<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Temporary

Home Telephone Number <div>Phone Number</div> <div></div>	Driver's License If driving/travel is required for this position, do you have a valid driver's license and/or reliable transportation? Yes: <input type="checkbox"/> No: <input type="checkbox"/> NA: <input type="checkbox"/> <div></div> Employ Florida Are you registered in the Employ Florida? YES <input type="checkbox"/> NO <input type="checkbox"/> Registration in Employ Florida at www.employflorida.com
Other Number (Indicate which) Cell, Pager, Other <div>Phone Number</div> <div></div>	

Present Address		
Street Address		Apt. #
City	State	Zip Code
How long have you lived at present address? Years <input type="text"/> Months <input type="text"/>		

Previous Address (Complete this portion if living at current address less than 7 years or indicate N/A if at current address for more than 7 years.)		
Street Address		Apt. #
City	State	Zip Code
How long did you live at this address? Years <input type="text"/> Months <input type="text"/>		

Education and Special Training

Highest grade completed (1-12):

High School Diploma Check: ____ Yes ____ No

Equivalency – GED Check: ____ Yes ____ No

Name and location of last HIGH SCHOOL ATTENDED: _____
Name City State**List Colleges and Universities Attended Below:**

Name and Location	No. of Years Attended	Did You Graduate?		If Not, # of Years Attended or Credit Hours Earned	Degree/Certificate Received	Major Field of Study
		Yes	No			

List Special Training (Business, Trade, Vocational, Armed Forces School, etc.) Below:

Name and Location	Years Attended	Total Time Completed	Courses or Subjects Taken	Certificates Given or Other Pertinent Data

Employment Record: List all jobs held in the last TEN years and any other jobs relevant to the position for which you are applying. Major changes in duties or job titles with the same employer should be listed as separate jobs. Start with your PRESENT or MOST RECENT position and work back. BE SPECIFIC as your rating may depend on the information you provide. Please attach a resume in addition to completing this section. Periods of unemployment should be listed separately in the following section. NOTE: We may contact previous employers to verify your descriptions of past duties.

May we contact your present employer regarding your record of employment? Yes ____ No ____ Upon Job Offer ____

(Job 1) Present or Most Recent Job

From		To	
Mo.	Yr.	Mo.	Yr.

Hours per week: _____

Starting Salary \$ _____ per _____

Last/Current Salary \$ _____ per _____

Specific Duties:

Number of employees supervised (if applicable): _____

Employer _____

Address _____

Telephone Number _____

Your Job Title _____

Supervisor's Name and Title _____

Reason for Leaving Position _____

(Job 2) Previous Job

From		To	
Mo.	Yr.	Mo.	Yr.

Hours per week: _____

Starting Salary: \$ _____ per _____

Last Salary: \$ _____ per _____

Specific Duties:

Number of employees supervised (if applicable): _____

Employer _____

Address _____

Telephone Number _____

Your Job Title _____

Supervisor's Name and Title _____

Reason for Leaving Position _____

(Job 3) Previous Job

From		To	
Mo.	Yr.	Mo.	Yr.

Hours per week: _____

Starting Salary: \$ _____ per _____

Last Salary: \$ _____ per _____

Specific Duties:

Number of employees supervised (if applicable): _____

Employer _____

Address _____

Telephone Number _____

Your Job Title _____

Supervisor's Name and Title _____

Reason for Leaving Position _____

(Job 4) Previous Job

From		To	
Mo.	Yr.	Mo.	Yr.

Hours per week: _____

Starting Salary: \$ _____ per _____

Last Salary: \$ _____ per _____

Specific Duties:

Number of employees supervised (if applicable): _____

Employer _____

Address _____

Telephone Number _____

Your Job Title _____

Supervisor's Name and Title _____

Reason for Leaving Position _____

List All Periods of Unemployment During the Past 10 Years

From		To		
Mo.	Yr.	Mo.	Yr.	

Specific Skills: List below relevant skills and competencies that you have acquired. Indicate personal computer software and hardware proficiencies, and any language skills other than English.

PC software/hardware proficiency levels

Languages Spoken other than English

Languages Written other than English

Other

List membership (s) in professional, job related organizations:

List any *active* professional, technical, occupational licenses or certificates and registrations you now hold:

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List award, commendations, or other recognition received for outstanding achievement in school, military service, your work, or civic duties: _____

Have you ever used a legal name other than the one indicated on Page 1 Check: _____ Yes _____ No

If yes, indicated name(s) and dates used _____

Did you serve in the Armed Forces? Check: _____ Yes _____ No

Type of Discharge Check: _____ Honorable _____ Dishonorable _____ Other

Are you or have you ever been employed by the State of Florida or one of its counties, cities, or other governmental agencies?

Check: _____ Yes _____ No

If yes, please list the agency or agencies: _____

Have you ever worked for CareerSource Broward (CSBD) (formerly WorkForce One Employment Solutions)? Check: _____ Yes _____ No

If yes, please give dates of employment _____

Optional Question: Are you a CSBD program participant or have you been? Check: _____ Yes _____ No _____ N/A

Are you related to a CSBD employee or is any member of your household employed by CSBD or one of its providers?

Check: _____ Yes _____ No If yes, please give the person's Name and Relationship to you. _____

Since your 18th birthday, have you been CONVICTED of ANY violation of the law, other than minor traffic offenses, or pleaded NOLO CONTENDERE to criminal charges, even if adjudication was withheld? Check: _____ Yes _____ No

Name of offense _____

Name of and location of court _____

Deposition of case _____ Date _____

NOTE: A conviction does not automatically mean you cannot be employed by CSBD. The nature of the offense, how long ago it occurred, relationship to this job, etc., are given consideration.

How did you hear about the position for which you are applying?

_____ Newspaper Ad _____ CSBD Center _____ CSBD Employee _____ Other

_____ Job Information System

References: List three (3) personal references who are **not** relatives or former employers.

Name and Organization	Address	Telephone Number	Years Known

APPLICATION MUST BE SIGNED

APPLICANT: PLEASE READ THIS STATEMENT CAREFULLY BEFORE SIGNING BELOW. UNSIGNED APPLICATIONS WILL BE VOIDED. I hereby certify that each response on this application and all other information I have furnished in applying for employment with CareerSource Broward (CSBD) is true and correct. I authorize the investigation by CSBD or its authorized representative of all statements contained in this application. I acknowledge that employment is subject to verification of an applicant's background, driving history, and/or conviction record. I understand that if I am hired, my employment is for no definite period of time and may be terminated at any time without prior notice. Subsequent to an offer of employment, I give my voluntary consent to provide a sample of my blood or urine, which may be tested for recent use of drugs and/or controlled substances. If I am hired, I understand that any false answer to a question on this application, whenever such falsehood is discovered, will subject me to immediate termination.

Signature of Applicant

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