

EMPLOYMENT EXPERIENCE

Start with your most recent work experience and provide information on your employment experience (paid or unpaid) for at least the last ten years. Please identify any periods of unemployment and the reason for it. Please add additional pages as needed.

Employer Supervisor

Address

Telephone Number (with Area Code) Job Title

Reason for Leaving Date of Hire Date Left

Key Duties _____

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Key Duties _____

SPECIAL SKILLS AND GENERAL QUALIFICATIONS

When answering the following questions, you are not asked to list organizations, activities or interests where the name or character of which would indicate a legally protected status. Further, a "Yes" answer to some questions (e.g., discharges and convictions) will not automatically disqualify you; all circumstances will be considered. If you need more space, please attach an additional sheet.



1. My work eligibility basis is: U.S. Citizen
 HHS/INS Authorization- Type _____ # _____
 Other- _____

2. Are you 18 years of age or older? Yes No

3. Certain positions require a valid driver's license. If the position you are applying for involves driving, please specify:

DL # _____ Issued by (State) _____

During the past seven years have you ever been denied a driver's license or been convicted on a moving traffic offense (including, but not limited to, driving while intoxicated or reckless driving)? No Yes – please explain what, date and disposition:

4. Criminal Convictions

Have you ever been convicted, pled guilty or pled "no contest" to any criminal offense involving dishonesty or a breach of trust, including (but not limited to) theft, fraud, forgery or other crimes? (If you were charged, but the charges were dropped or you were acquitted, answer 'No.')

No Yes – please explain what date and disposition:

Have you ever been convicted of a felony? Are you charged with an unresolved criminal charge (i.e., that has not yet resulted in a plea/finding of guilty, court trial or a dropping of the charge)? No Yes – If yes, please explain what, date and disposition of the case:

5. Have you ever been involved in any case of unethical conduct; on-the-job violence; or ever been fired or forced to resign? No Yes – please explain:

6. Are you able to arrive to work regularly and on time? Yes No

7. Have you worked for us before? No Yes If so, when and where? _____

8. Do you have any relatives currently working for BAC? No Yes If so, who? _____

9. Describe any specialized work, training, apprenticeships and skills: _____

10. List professional memberships, awards and honors: _____

11. Are you physically or otherwise able to perform all of the essential duties of the position for which you are applying with or without reasonable accommodations? Yes No – please explain:

12. Identify your equipment competencies (i.e., for the position you are applying for, what equipment do you know how to operate)?

13. As noted above, our contract placement programs focus on opportunities for individuals with disabilities. We also have work opportunities for persons without disabilities.

- I have a disability that may qualify me under the contract placement program.
- I have a "Ticket to Work" and/or receive benefits (e.g., SSI, SSDI) from the Social Security Administration
- I am an APD-Med Waiver recipient (or am on their waiting list).
- I do not have a disability.
- I decline to identify whether I have a disability.

REFERENCES

Provide the name and contact information (address, phone number) of three professional/work references.

1.

2.

3.

ACKNOWLEDGEMENTS

I affirm that my answers are true and complete to the best of my knowledge and I authorize BAC to verify them as they deem appropriate. As a Drug-Free Workplace, I realize that all employment/program participation depends on passing a drug screen exam, both at the time of selection and throughout the relationship and other factors (such as, background screenings, security clearances, proof of citizenship or immigration status, etc.).

I understand and acknowledge that, unless otherwise controlled by law, any relationship with Brevard Achievement Center is on an "at will" basis (which means that an individual may resign at any time and that we may release an individual at any time with or without cause). I also understand that this "at will" relationship may not be changed by any statement, document or conduct unless BAC's President specifically makes such a change in writing.

I understand that false, misleading or the omission of material information presented in my application/resume, interview(s) or other data provided, failure to meet the requirements of background checks or other contingency factors will disqualify my application or may result in dismissal if already engaged. I realize that I need to submit a new application if I want to be considered beyond 45 days after originally submitting my application.

I agree to present any questions, concerns or report any unpleasant experience arising from our selection process promptly (that is, within 30 days). [Note: Your letter should be sent to the attention of HR-ERA (to the address on the front of this form.)] I further agree that any action or suit against BAC arising out of my association, employment or separation, including but not limited to claims arising under state or federal civil rights statutes, must be brought within the shorter of any applicable statute of limitation or 180 days of the event giving rise to the claim or be forever barred. I specifically waive any limitation periods to the contrary.

Date

Applicant's Signature

Note: The following section of the form will be removed by the Human Resources Department before an application is evaluated by others. Please do not detach this section from the Application form.

Voluntary Self-Identification

The following information is being gathered for recordkeeping purposes in compliance with federal regulations and to monitor our affirmative action program; not for placement decisions. Your response is *strictly voluntary* and it will not adversely affect consideration of your application whether you do or do not respond.

Gender: Male Female Job Applied For _____

Race/Ethnicity: White Black Hispanic
 Asian or Pacific Islander
 American Indian or Alaskan Native
 Multi-Racial

ADA-Defined Disability/Condition: Yes No

I participate in a Social Security Administration program:
 A "Ticket-To-Work" certificate holder
 Benefit payment (e.g., SSI, SSDI) recipient
 Other (Please identify): _____

Veteran¹: No Yes – Branch _____

Dates of Service _____

Service-Related Disability? Yes No
Service Medal Veteran? Yes No
Recently Separated Veteran? Yes No
Vietnam-Era Veteran? Yes No
Other Protected Veteran? Yes No

I am an APD-Med Waiver recipient (or am on their waiting list).

Notice: If you need assistance (accommodation) with our application and/or employment process, please let us know. Requests for assistance may be made to the Human Resources staff through the Receptionist or directly by calling 321-632-8610 (ext. 259) or e-mailing us at www.jobs@bacbrevard.com. Requests may also be made at any time for a phone or in-person interview.

¹ Completion of the above military service information is optional. Information will be used to promote the hiring of veterans and for monitoring our affirmative action program efforts. If you elect not to provide all the information, we request you indicate (Yes or No) whether you are or have been a U.S. service member.