



MOORINGS PARK®

EMPLOYMENT APPLICATION

Please complete all parts of the form. Print clearly; illegible or incomplete applications will not be processed. Resumes are not accepted in lieu of completion of this application.

ABOUT YOU:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: (_____) _____ Other # where you can be reached (_____) _____

Have you previously worked for Moorings Park? Yes: _____ If Yes, Dates: _____ No: _____

Do you have relatives presently working for this Company? Yes: _____ If Yes, Name: _____ No: _____

Are you 18 years of age or over?: Yes: _____ No: _____

(If not, employment is subject to verification that you are of legal minimum age and can furnish any required work permit.)

EMERGENCY NOTIFICATION: (Complete only if hired)

Name: _____

Address: _____ City/State/Zip: _____

Phone Number: Home #: (_____) _____ Business #: (_____) _____

JOB INTEREST:

Position(s) Desired: _____

_____ Full Time _____ Part Time _____ PRN (_____) Hours per week desired.

Salary Requirements: _____

Date You Will Be Available To Begin Work: ____/____/____

How did you learn of this opening? _____

EDUCATION AND TRAINING:

Circle Highest Grade Completed 1 2 3 4 5 6 7 8 9 10 11 12

HIGH SCHOOL Name: _____ City/State: _____

Did you graduate? Yes: _____ No: _____

Receive G.E.D.? Yes: _____ No: _____

COLLEGE Name: _____ City/State: _____

UNIVERSITY Dates of Attendance: From: _____ To: _____

OR OTHER Field of Study: _____

SCHOOL Type of Degree Obtained: _____ Date Obtained: _____

Other Education or Training: _____

Name of Facility: _____ City/State: _____

Dates of Attendance: From: _____ To: _____

If the job requires, do you have the appropriate valid drivers license? Yes: _____ No: _____

DL#: _____ Type: _____ State of Issue: _____

Have you had any moving violations? Please describe: _____

EMPLOYMENT HISTORY: (List in order starting with most recent employer)

List your last 4 places of employment including Military Service. If you were employed under a different name, please provide that name (_____). **If you have had more than 4 employers in the past 5 years, list all employers during the past 5 years.** Ask for an additional form if necessary.

Present or Last Employer: _____ Supervisor: _____
Mailing Address: _____
City/State/Zip: _____ Phone #: (_____) _____
Position Held: _____
Dates of Employment from: Month _____ Year _____ to: Month _____ Year _____ Salary _____
Duties: _____
Reason for Leaving: _____ May We Contact? Yes No
Please explain any period of unemployment between this job and the previous. Include time spent in school, other work (paid or unpaid), move to new location, etc.: _____

Present or Last Employer: _____ Supervisor: _____
Mailing Address: _____
City/State/Zip: _____ Phone #: (_____) _____
Position Held: _____
Dates of Employment from: Month _____ Year _____ to: Month _____ Year _____ Salary _____
Duties: _____
Reason for Leaving: _____ May We Contact? Yes No
Please explain any period of unemployment between this job and the previous. Include time spent in school, other work (paid or unpaid), move to new location, etc.: _____

Present or Last Employer: _____ Supervisor: _____
Mailing Address: _____
City/State/Zip: _____ Phone #: (_____) _____
Position Held: _____
Dates of Employment from: Month _____ Year _____ to: Month _____ Year _____ Salary _____
Duties: _____
Reason for Leaving: _____ May We Contact? Yes No
Please explain any period of unemployment between this job and the previous. Include time spent in school, other work (paid or unpaid), move to new location, etc.: _____

Present or Last Employer: _____ Supervisor: _____
Mailing Address: _____
City/State/Zip: _____ Phone #: (_____) _____
Position Held: _____
Dates of Employment from: Month _____ Year _____ to: Month _____ Year _____ Salary _____
Duties: _____
Reason for Leaving: _____ May We Contact? Yes No
Please explain any period of unemployment between this job and the previous. Include time spent in school, other work (paid or unpaid), move to new location, etc.: _____

Present or Last Employer: _____ Supervisor: _____
Mailing Address: _____
City/State/Zip: _____ Phone #: (_____) _____
Position Held: _____
Dates of Employment from: Month _____ Year _____ to: Month _____ Year _____ Salary _____
Duties: _____
Reason for Leaving: _____ May We Contact? Yes No
Please explain any period of unemployment between this job and the previous. Include time spent in school, other work (paid or unpaid), move to new location, etc.: _____

Present or Last Employer: _____ Supervisor: _____
Mailing Address: _____
City/State/Zip: _____ Phone #: (____) _____
Position Held: _____
Dates of Employment from: Month _____ Year _____ to: Month _____ Year _____ Salary _____
Duties: _____
Reason for Leaving: _____ May We Contact? Yes No
Please explain any period of unemployment between this job and the previous. Include time spent in school, other work (paid or unpaid), move to new location, etc.: _____

Present or Last Employer: _____ Supervisor: _____
Mailing Address: _____
City/State/Zip: _____ Phone #: (____) _____
Position Held: _____
Dates of Employment from: Month _____ Year _____ to: Month _____ Year _____ Salary _____
Duties: _____
Reason for Leaving: _____ May We Contact? Yes No
Please explain any period of unemployment between this job and the previous. Include time spent in school, other work (paid or unpaid), move to new location, etc.: _____

PERSONAL REFERENCES: (Include persons other than relatives and employers)

Name _____ Occupation _____ Years Known _____
Address _____ Day Phone (____) _____

Name _____ Occupation _____ Years Known _____
Address _____ Day Phone (____) _____

QUALIFICATIONS:

Are you legally eligible for employment in the U.S.? Yes: _____ No: _____
(You will be required to provide proof upon an offer of employment.)

Have you ever been convicted of a crime, entered a plea of nolo contendere (no contest) to a crime or received a suspended sentence (regardless of the ultimate adjudication) for a crime? Yes: _____ No: _____
If yes, please explain _____

(A criminal record will not necessarily be a bar to employment.)

If you are applying for a position that requires state or national registration, certification or license, you must furnish us with current proof of registration, certification or license.

Registration, Certification or License No. and Type: _____
Year: _____ State(s): _____

Are there any other experiences, skills or qualifications which you feel would especially qualify you for employment at Moorings Park? _____

APPLICANT'S STATEMENT: Please Read Carefully Before Signing

I hereby consent to Moorings Park verifying all of the information I have provided on this application form including schooling, training and employment dates.

Initials _____

I consent and agree to taking any pre-employment physical examinations and any drug or alcohol tests as part of or separate from any such physical examinations, as may be required by Federal or State law/regulation, as well as Moorings Park policy. I consent to Moorings Park being provided with access to and copies of any medical histories or records pertaining to me.

Initials _____

I authorize anyone with the above information to provide it to Moorings Park and release from all liability or responsibility all persons, schools, companies, physicians, hospitals or agencies who supply any information related to the matters referred to on my application form.

Initials _____

I understand that any false answers or statements, or misrepresentations by omission, made by me on this application or any related document, will be sufficient for rejection of my application or for my immediate discharge should such falsifications or misrepresentations be discovered after I am employed.

Initials _____

I understand that this employment application and any other employee-related documents are not contracts of employment, and that any oral or written statements to the contrary are hereby expressly disavowed and should not be relied upon by any prospective or existing employee.

Initials _____

If an employment relationship is established, I understand that the employment relationship is an "at will" relationship and that I have a right to terminate my employment at any time and that the Company retains a similar right. I also understand that, if hired, there will be a 90-day probationary period.

Initials _____

I affirm, under penalties of law, that I have a genuine intent to work for Moorings Park and that I have no other purpose or motive for applying for or accepting a position with Moorings Park.

Initials _____

If hired, I agree to conform to the policies and procedures of Moorings Park and that the contents of the employee handbook, as well as the policies and practices, are subject to change or modification by Moorings Park, solely at its discretion without notice. I understand and agree that it is my responsibility to be aware of any changes or modifications.

Initials _____

I understand that Moorings Park is an Equal Opportunity Employer and does not discriminate in employment regardless of race, color, sex, religion, national origin, age, handicap, disability, marital status, or any other classification protected by law and that no question on this application is used for that purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by State or Federal Law.

Initials _____

Applicant's Signature: _____

Date: _____

FOR OFFICE USE ONLY:

Date of Hiring Commitment: _____ Start Date: _____

Department Name: _____ Company #: _____ Position-Title: _____

Salary or Hourly Rate: _____ Hours per Week: _____ Pay Type: (8/80, 12 Hour, Baylor, Visits) _____

Shift Hours Employee May Work _____ General Ledger #: _____
(For Vehicle Barcode Purpose)

Please Check: Full Time _____ Part Time _____ Temporary _____ PRN _____

Supervisor's Signature: _____ Human Resources Approval: _____ FPC _____

Mailing Address: 134 Moorings Park Drive
Naples, Florida 34105-2122

Website: www.mooringspark.org

REV032410



Office: 239-261-1616

Fax: 239-262-3850

24 Hour Jobline: 239-643-9176



MOORINGS PARK®

NOTICE TO APPLICANT

Moorings Park (The Company) has established and maintains a Drug Free Workplace Program. This Drug Free Workplace Program is in conformity with chapter 440.1002 Fla. Stat., its implementing regulations, and Federal Law.

As part of this Program, offers of employment are expressly conditioned upon passing a drug test. In addition, Employees of the Company may be subject to drug testing under those conditions outlined in the Company's Drug and Alcohol Policy Statement.

For persons receiving a conditional offer of employment, failure of a drug test or refusal to submit to drug testing when required by the Company shall terminate any job offer. For employees, failing a drug test or refusing to submit to a drug test will result in action against an employee up to and including termination of employment.

Persons receiving a conditional offer of employment will have an opportunity to confidentially report to the Medical Review Officer (MRO) the use of prescription or non-prescription medications both before and after being tested. Additionally, job applicants shall receive a list of common medications which may alter or affect a drug test. Job applicants will also be given the names, addresses, and telephone numbers of local alcohol and drug rehabilitation programs.

Any person receiving a conditional offer of employment who fails a drug test may challenge or explain the result within five (5) working days after written notification of the test result. A job applicant will also have an opportunity to request a retest at the job applicant's expense. If a job applicant's explanation or challenge is unsatisfactory, the job applicant may contest the drug test results pursuant to rules adopted by the Department of Labor and Employment Security or the Agency for Health Care Administration. The job applicant also has the responsibility to notify the laboratory or clinic conducting the drug test of any administrative or civil action brought involving the drug test conducted by that laboratory or clinic. The job applicant also has the right to consult the testing laboratory or clinic for technical information regarding prescription and non-prescription medication. In addition, each job applicant will be given a list of substances to be tested prior to administration of the drug tests. All test results will remain confidential except as allowed by law. The Company will provide all job applicants with a copy of the Company's Drug and Alcohol Abuse Policy Statement prior to administration of a drug test.

APPLICANT: _____

SOCIAL SECURITY#: _____

DATE: _____