

The Roskamp Institute, Inc.,  
a Florida Non Profit Corporation

## Application For Employment

Applicants are considered for all positions without regard for race, color, religion, sex, national origin, age, marital status or the presence on a non-job related medical condition or handicap.

*PLEASE PRINT*

POSITION \_\_\_\_\_ Date of Application \_\_\_\_\_

Referral Source:  Newspaper Ad  Friend  Relative  Walk-in  
 Employment Agency  Other \_\_\_\_\_

Name \_\_\_\_\_  
LAST FIRST MIDDLE

Address \_\_\_\_\_  
NUMBER STREET CITY STATE ZIP

Telephone \_\_\_\_\_ Social Security number \_\_\_\_/\_\_\_\_/\_\_\_\_

In Case of  
Emergency Notify \_\_\_\_\_  
Name Address Phone Number

Date Available for work \_\_\_\_\_

Are you available to work:  Full Time  Part Time

Are you employed now \_\_\_\_\_ May we contact your present employer \_\_\_\_\_

Reason for desired change \_\_\_\_\_

If employed and you are under 18, can you furnish a work permit \_\_\_\_\_

If hired, can you provide written evidence that you are authorized to work in the U.S.  Yes  No

Have you filed an application here before \_\_\_\_\_ If yes, give date \_\_\_\_\_

Have you ever been employed here before \_\_\_\_\_ If yes, give date \_\_\_\_\_

Have you ever been convicted of a crime in the past including traffic violations \_\_\_\_\_

List and explain \_\_\_\_\_

Circle Highest Level Completed: H. S. College/University MBA Doctoral Post Doctoral

**NAME OF SCHOOL OR COLLEGE YEARS OF ATTENDANCE**

\_\_\_\_\_  
\_\_\_\_\_

**FORMER EMPLOYERS AND JOB EXPERIENCE (References)**

**Name of Employer** \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Position Held \_\_\_\_\_ Supervisors Full Name \_\_\_\_\_

Employed from \_\_\_\_\_ to \_\_\_\_\_ Wage \_\_\_\_\_

Reason for leaving \_\_\_\_\_

**Name of Employer** \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Position Held \_\_\_\_\_ Supervisors Full Name \_\_\_\_\_

Employed from \_\_\_\_\_ to \_\_\_\_\_ Wage \_\_\_\_\_

Reason for leaving \_\_\_\_\_

**Name of Employer** \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Position Held \_\_\_\_\_ Supervisors Full Name \_\_\_\_\_

Employed from \_\_\_\_\_ to \_\_\_\_\_ Wage \_\_\_\_\_

Reason for leaving \_\_\_\_\_

**Name of Employer** \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Position Held \_\_\_\_\_ Supervisors Full Name \_\_\_\_\_

Employed from \_\_\_\_\_ to \_\_\_\_\_ Wage \_\_\_\_\_

Reason for leaving \_\_\_\_\_  
Describe specialized training, apprenticeship, skills \_\_\_\_\_

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PERSONAL / PROFESSIONAL REFERENCES (NOT RELATIVES)
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Name \_\_\_\_\_ Title \_\_\_\_\_ Company \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ Cell \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ Company \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ Cell \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ Company \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ Cell \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ Company \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ Cell \_\_\_\_\_

Is there any reason you cannot perform the functions and duties of the job applied for?

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I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in the application for employment as may be necessary in arriving at an employment decision. I understand that this application is not and is not intended to be a contract of employment. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also that I am required to abide by all rules and regulations of the Company. I agree that this company may terminate my employment at any time without liability for wages or salary except such as may have been earned at the date of such termination. I understand this application will be active for a period of one year.

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

EMPLOYER'S NOTICE  
OF  
APPLICANT'S CONSENT TO REFERENCE CHECKING

As part of our hiring process, we want you to know we will be checking your references. We may contact those persons whom you have identified to us as potential references. In addition, we may also contact your other friends, acquaintances, business associates, and anyone else who knows something about you.

When we contact a reference, we may ask him or her a series of questions. They could be about your personal background, education background, work experience, character, personality, and personal habits.

I have read and fully understand the foregoing. I hereby voluntarily consent to allow THE ROSKAMP FOUNDATION IRRV TR or any of its Officers, Employees, Agents, or Designees to check my references, by contacting any person whom they deem to be an appropriate reference.

THE ROSKAMP FOUNDATION IRRV TR representatives may ask any questions which they consider relevant to their decision including questions about my personal background, educational background, and work experience. character, personality, and personal habits.

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Applicants Name – PLEASE PRINT

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Applicants Signature

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Date

NOTICE TO APPLICANTS: This company 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 undergo a medical examination. All entering employees in the same job category will be subject to the same medical questionnaire and examination, and all information will be kept confidential and in separate files.

### APPLICANT'S STATEMENT

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize the investigation of all matters contained in this application and hereby give permission to contact schools, previous employers, references, and others in order to verify the facts and information furnished with regard to my character and qualifications, and hereby release and indemnify this company from any claims or liability as a result of such contact. I also hereby release employers, schools, and other persons from all liability in responding to inquiries in connection with this application. I understand that misrepresentations, omissions of facts or incomplete information requested in this application 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 any previous notice.

Applicants accepted for employment should clearly understand that while we make every effort to provide steady, continuous work, we have no employment contracts, and we cannot guarantee the permanencies of any position. Job tenure can be affected by many factors including business/economic conditions, changes in laws or employee policies, conformity to our work rules, job performance, etc. and, of course, employees may elect to leave on their own accord to seek other jobs.

If I am offered and accept employment with the afore mentioned company, I understand that my employment is for no specific term and may be terminated by myself or the employer with or without notice or cause at any time. I further understand that an oral promise, policy, custom, business practice or other procedure (including any employee handbook or any personnel manuals) does not constitute an employment contract or modification of the at-will employment relationship between this employer and me.

The contents of any employee handbook or personnel manuals are subject to change or modification, without notice.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

The Roskamp Institute, Inc., a Florida Non Profit Corporation is a drug and alcohol free workplace. I understand that I will be required to submit to a pre-employment drug test. If hired, I will be subject to random, post-accident, and reasonable cause drug testing throughout the course of my employment. Failure of any drug test will result in the termination of my employment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

This company 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, disability, sexual orientation, or marital status. We assure you that your opportunity for employment with us depends solely upon your qualifications.