

MINORITY DEVELOPMENT & EMPOWERMENT, INC.

Celebrating Years of Excellence in Community Service Since 1996



EMPLOYMENT APPLICATION

Name: _____
Please Print Legibly

Date: _____

For Office Use Only:

Position: _____ Dept: _____

Broward
3075 W. Oakland Pk. Blvd. #205
Oakland Park, FL, 33311
954-315-4530 (Tel.)
954-763-8567 (Fax.)

Palm Beach
3175 S. Congress Av., # 301
Palm Springs, FL, 33461
561-296-5722 (Tel.)
561-296-5723 (Fax.)

Pompano Beach
1350 S Powerline Rd. # 109
Pompano Beach, FL, 33069
954-580 1360 (Tel.)
954-580 1356 (Fax.)

www.mdeinc.org

(PLEASE PRINT AND COMPLETELY ANSWER ALL QUESTIONS)

Minority Development & Empowerment Inc. fully subscribes to the principles of Equal Employment Opportunity (EEO). It is our policy to provide employment, compensation, and other benefits related to employment based on qualifications, without regard to race, color religion, national origin, age, veteran status, disability, or any other basis prohibited by federal, state or local law.

Position Applied for: _____ Date: _____

PERSONAL DATA:

Social Security Number _____

Last Name First Middle

Street Address City State/Zip Code

Telephone Number Alternate Telephone contact Email address

Are you at least 18 years old? _____ if not, state your age for child labor law purposes only _____

Are there any days, shifts or hours you will not work? _____ If yes, explain _____

Are you available for out of town work? _____ if no, explain _____

Can you accommodate a flexible schedule if required? _____ if no, explain _____

When will you be able to start work? _____

How did you learn of our Company and/or the position? _____

If referral, who were you referred by? _____

Have you ever applied or worked at Minority Development & Empowerment, Inc. before? Yes No

If yes, provide date: _____

Are you legally authorized to work in the United States? Yes No

Will you now or in the future require sponsorship for employment visa status (e.g., H-1B visa status)?

Yes No

Note: The Federal Immigration and Reform and Control Act of 1986 require that an INS Employment Eligibility Verification "Form I-9" be completed for every new hire within 3 business days.

Have you been convicted of a felony within the last seven years? Yes No If yes, what is the date of conviction? _____

Have you ever been a defendant in a civil action for an intentional tort (intentional commission of a wrongful act)? Yes No . If yes, include nature of the intentional tort and the disposition of the action in the Additional Comments Section.

Answering "yes" does not automatically exclude you from further consideration for the position.

DRIVING RECORD:

Do you have a valid License? Yes No State _____ License No. _____

Have you had any tickets? _____ if yes, please explain _____

Have your license ever been suspended or revoked? ____ If yes, please explain _____

Do you have any DUI or DWI convictions? ____ If yes, please state when you were convicted and explain: _____

RESIDENCES: (Please provide your addresses of residence for the past seven years beginning with most recent address. If you need more space, please use the Additional Comments section.)

Street Address	City, State and Zip code	From	To
Street Address	City, State and Zip Code		
Street Address	City, State and Zip Code		
Street Address	City, State and Zip Code		
Street Address	City, State and Zip Code		
Street Address	City, State and Zip Code		
Street Address	City, State and Zip Code		

EDUCATION: (May or may not be considered depending on job applied for.)

Describe any educational degrees, skills, training or experience you believe are relevant to the job applied for:

Name, City & State of Educational Institution	Graduated		Degree Earned	Major		Professional License	GPA
	Y	N					
College or University							
Professional License/ Certification							
Technical/ GED/Other							
High School							

EMPLOYMENT HISTORY:**(Please complete for all full-time or part-time employment beginning with most recent employer.)**

Company Name	Tel #		
Address	Dates employed	From	To
Name of Supervisor May we contact? Yes No	Rate of Pay	Start	Last
State job title and describe job duties	Reason For Leaving		
Company Name	Tel #		
Address	Dates employed	From	To
Name of Supervisor May we contact? Yes No	Rate of Pay	Start	Last
State job title and describe job duties	Reason For Leaving		
Company Name	Tel #		
Address	Dates employed	From	To
Name of Supervisor May we contact? Yes No	Rate of Pay	Start	Last
State job title and describe job duties	Reason For Leaving		
Company Name	Tel #		
Address	Dates employed	From	To
Name of Supervisor May we contact? Yes No	Rate of Pay	Start	Last
State job title and describe job duties	Reason For Leaving		

CONSENT TO BACKGROUND INVESTIGATION

Applicant Name: _____

Other names you have used: _____

Date of Birth: ___/___/_____ Social Security Number _____ Race: _____ Sex: _____

Driver's License Number _____ State Issued: _____

List below all addresses for last **SEVEN** years starting with the most current:

	Street Address	City	State	Zip	County	Dates
1						
2						
3						
4						
5						
6						
7						

I understand the investigation may include obtaining information covering up to last (7) years regarding my character, credit report, work habits, education, general reputation, personal characteristics, driving records, mode of living, government-issued license, and criminal background.

I also understand that before I am denied employment based on information obtained in the report, I will be provided a copy of the report and description in writing, of my rights under the Fair Credit Reporting Act.

I understand if I disagree with the accuracy of any information in the report, I must notify Minority Development & Empowerment Inc. within two business days of my receipt of the report. If I notify Minority Development & Empowerment Inc. within two days of the receipt of the report that I am challenging information in the report Minority Development & Empowerment, Inc. will not make a final decision on my employment status until after I have had a reasonable opportunity to address the discrepancy.

I hereby consent to this investigation and authorize Minority Development & Empowerment Inc. to procure a report on my background from a consumer reporting agency. I release Minority Development & Empowerment, Inc. and any and all persons or entities providing information or reports about me from any liability arising out of the release of information.

Applicants Name: _____

Applicant's Signature: _____ Date: _____

MINORITY DEVELOPMENT & EMPOWERMENT, INC.
EMPLOYMENT VERIFICATION REFERENCE CHECK

Date: _____

(Please Print Legibly)

Applicant Name: _____

Position Applied for: _____

SSN: _____

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FOR OFFICE USE ONLY

Reference Given by: _____ **Title:** _____

Company: _____ **Phone:** _____

Dates of Employment: _____

Last Position Held: _____

Reason for leaving: _____

Eligible for Rehire: **Yes** **No**

If no, please explain: _____

.....
Recommend for Hire: **Yes** **No**

If no, please explain: _____

.....
Management Approval:

Human Resources: _____ **Date:** _____



Authorization

“I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time.

In consideration of my employment, I agree to conform to the company’s Rules and Regulations, and I agree that my employment and compensation can be terminated, with option. I also understand that and agree that the terms and condition of my employment may be changed, with or without cause and with or without notice, at any time by the company. I understand that no company representative, other than its President and/or Human Resources Department, and then only when in writing and signed by the agreement for employment for any specific period of time, or to make any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.”

I have read the above statement.

Please print your name

Applicant’s Signature

Date