

# THE SPECTRA ORGANIZATION, INC.

## APPLICATION FOR EMPLOYMENT

3432 W 45<sup>th</sup> Street  
West Palm Beach, FL 33407  
561.684.2160

*The SPECTRA ORGANIZATION, INC. is an equal opportunity employer. The SPECTRA, INC. does not discriminate and no questions on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state or federal law. We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital, veteran's status, the presence of a disability, or any other legally protected status. Equal access programs, services and employment are available to all persons. The application must be filled out completely. A resume will not be accepted in lieu of a completed application.*

Position (s) applied for: _____		Date of application: _____	
<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Temporary	
Name: _____		_____	
<i>Last</i>	<i>First</i>	<i>Middle</i>	
Address: _____		_____	
<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
Home Phone: _____		Cell/Other Phone: _____	
Email: _____			

### PERSONAL INFORMATION

Alternate Address: \_\_\_\_\_  
Street Apt City/State Zip

Are you 18 years or Older:  Yes  No

Are you legally eligible for employment in this country?  Yes  No

Do you live in a SPECTRA OR PBCHA Community?  Yes  No If yes where: \_\_\_\_\_

An Equal Opportunity Employer

Are you a PBCHA Section 8 Participant?  Yes  No

Date you can start: \_\_\_\_\_ Salary desired: \_\_\_\_\_

Are you willing to work overtime?  Yes  No

Have you ever worked for SPECTRA, INC. or PBCHA before?  Yes  No If so when (dates):  
\_\_\_\_\_

Name of Supervisor when you worked for SPECTRA, INC. OR PBCHA.:  
\_\_\_\_\_

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

Referred by: \_\_\_\_\_

Do you have any friends, relatives or acquaintances working for SPECTRA, INC. OR PBCHA:  Yes  No

If yes who: \_\_\_\_\_

**EDUCATION**

Institution	Name & Location of School	Number of Years Completed	Degree/Major
High School			
College or University			
Specialized Training or Trade School			
Other Education			

## EMPLOYMENT HISTORY

List below the last three employers starting with the most recent one.

Name of Present Employer:			
Address:	City:	State:	Zip:
Starting Date:	Ending Date:	Job Title:	
Hourly Pay:	May we Contact your Supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of Supervisor:		Telephone #	
Description of Work Duties or Work Performed:			
Reason for Leaving:			

Name of Prior Employer:			
Address:	City:	State:	Zip:
Starting Date:	Ending Date:	Job Title:	
Hourly Pay:			
Name of Supervisor:		Telephone #	
Description of Work Duties or Work Performed:			
Reason for Leaving:			

Name of Prior Employer:			
Address:	City:	State:	Zip:
Starting Date:	Ending Date:	Job Title:	
Hourly Pay:			
Name of Supervisor:		Telephone #	
Description of Work Duties or Work Performed:			
Reason for Leaving:			

**SKILLS AND QUALIFICATION**

Please list your areas of highest proficiency, special skills, license, certifications or other items that may contribute to your abilities in performing the above mentioned position.

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**ADDITIONAL INFORMATION**

**List professional, trade, business or civic associations, and any offices held.**

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, Veteran/Reserved National Guard or any other similarly protected status.

ORGANIZATION	OFFICES HELD

**List special accomplishments, publications, awards, etc.**

Exclude membership that would reveal race, color, religion, sex, national origin, citizenship, age mental or physical disabilities, Veterans/Reserve National Guard or any other similarly protected status.

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**REFERENCES**

**List the names of three people other than relatives or previous employers.**

	Name	Phone Number	Relationship	Years Acquainted
1				
2				
3				

**The SPECTRA, INC. performs a criminal records background check on all new employees as a condition of employment. A traffic offense records check will also be conducted as a condition of employment on employees who operate SPECTRA, INC. motor vehicles.**

Do you possess a current valid driver's license?  Yes  No State Issuing License: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Have you ever had a driver's license suspended or revoked in any state?  Yes  No

If yes, list the state and the reason for the suspension or revocation:

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HAVE YOU EVER BEEN CONVICTED OF, OR ARE YOU NOW UNDER CHARGES FOR, ANY FELONY AND CIVIL THEFT OFFENSE       NO                       YES

If yes, explain number of convictions, nature of offense (s), leading to conviction(s), how recently such offense(s) was/were committed, pleas of no contest, sentence(s) imposed and type(s) of rehabilitation.

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**I certify that the information contained in this application is accurate and correct. I understand that any omission or erroneous information may be grounds for dismissal. I authorize the references listed above to give you any and all information concerning my previous employment and pertinent information they may have, personal or otherwise, and release all parties from all liability that may result from furnishing the same to you. This application does not create any promised or contractual obligation between SPECTRA, INC. and the applicant. If hired, employment with SPECTRA, INC. is at will, which means I am free to terminate my employment at any time, for any reason, with or without cause and SPECTRA, INC. has the same right. This application will stay on file for 6 months from the date of the application.**

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**Signature**

**Date**

**To Be Completed by Employer Only.**

Interview By:	Date:
Comments	

Hire (Date) for Dept.:	Date:
Position:	
Salary Wages:	
Approved by Department Head:	Date:
Approved by Executive Director	Date: