



TAMPA LIGHTHOUSE for the BLIND

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CLIFF OLSTROM
Executive Director

Dear Candidate:

Thank you for your interest in joining the Lighthouse team. Employees of the Tampa Lighthouse for the Blind comprise a select group of specialized, highly trained professionals in the field of providing services to persons who are blind or visually impaired, helping them to maximize their level of independent functioning, furthering their prospects for employment when applicable, and/or providing support for the various programs offered by the Lighthouse.

Please complete the application packet below – it is important to answer each question completely. Incomplete applications will be returned for completion or will not be processed further. Once you have completed all of the forms, print out all of the forms, sign and date where indicated, and fax them to my attention at 813-254-4305. As an alternative, you may scan the completed forms and email them as attachments to HRMgr@tampalighthouse.org. Please call me at 813-251-2407, ext. 11 if you have any questions or require any assistance in completing the application packet. Again, thank you for your interest.

Sincerely,

A handwritten signature in blue ink, appearing to read "John W. Jerome", with a long horizontal stroke extending to the right.

John W. Jerome, SPHR
Human Resources Manager





FOR OFFICE USE ONLY	
Work Location _____	Pay Rate _____
Position _____	Hire Date _____

TAMPA LIGHTHOUSE FOR THE BLIND APPLICATION FOR EMPLOYMENT

APPLICATIONS ARE ACCEPTED ONLY FOR JOB VACANCIES THAT ARE CURRENT OR EXPECTED IN THE NEAR FUTURE.

TO APPLICANT: We greatly appreciate your interest in working for Tampa Lighthouse for the Blind. Thank you for your time and effort in applying for employment. The Civil Rights Act of 1964 prohibits discrimination in employment on the basis of race, color, religion, gender, and national origin. Other federal laws also prohibit other types of discrimination such as age, citizenship, disability, veteran status, attainment of benefits and collective bargaining. The laws of most states and many localities also prohibit some or all of the above types of discrimination as well as some other types including, but not limited to, discrimination based upon ancestry, marital status, parental status, sexual orientation, or source of income. The Fair Credit Reporting Act imposes restrictions with respect to information obtained from a consumer reporting agency, including but not limited to information regarding credit data, personal character, reputation, and mode of living. This list is not all inclusive of the grounds upon which discrimination is prohibited.

(PLEASE PRINT LEGIBLY)

Name _____ Application Date _____
Last First Middle

Social Security No. _____ Home Phone No. (_____) _____
 Cell Phone No. (_____) _____

Address _____
No. Street City State Zip

Are you legally eligible for employment in the U.S.A.? Yes ___ No ___ If hired, you will be required to submit proof of your eligibility to work in the U.S.A.

Are you over the age of eighteen? Yes ___ No ___ If no, hire is subject to verification that you are of minimum legal age.

Position(s) applied for _____

How did you find out about this job opportunity? Newspaper ad ___ Internet ad ___ Company website ___
 School (please name) _____ Lighthouse employee ___ State employment agency ___
 Other (please specify) _____

Type of employment desired: Full-Time ___ Part-Time ___ Seasonal ___ Temporary ___

Are you able to perform the essential functions of the job for which you are applying, with or without reasonable accommodation? Yes ___ No ___ Need more information to respond ___.

Are you able to work during the scheduled days and hours of the position for which you are applying? Yes ___ No ___ (if No, please explain _____)

What is your desired salary or hourly rate of pay? _____

If offered employment, on what date would you be available to start? _____

Do you have any related experiences, skills, or qualifications that would be of special benefit in the job for which you are applying?

EMPLOYMENT HISTORY

Please provide information below about your last four jobs, starting with your most recent (REQUIRED EVEN IF RESUME IS ATTACHED)

Employer	Telephone # ()	Month / Year	Month / Year
Street address	City State Zip	Dates employed: / to /	
Starting job title		Starting Pay	
Ending job title		Salary ___ or Hourly ___ \$ ___ per ___	
Immediate supervisor (name & title for most recent job held)		Commission, bonus, tips, other \$ ___ per ___	
Reason for leaving		Ending Pay	
Summarize duties and responsibilities		Salary ___ or Hourly ___ \$ ___ per ___	
What did you like the most about this job?		Commission, bonus, tips, other \$ ___ per ___	
What did you dislike about this job?		May we contact for reference? Yes ___ No ___ Later ___	

Employer	Telephone # ()	Month / Year	Month / Year
Street address	City State Zip	Dates employed: / to /	
Starting job title		Starting Pay	
Ending job title		Salary ___ or Hourly ___ \$ ___ per ___	
Immediate supervisor (name & title for most recent job held)		Commission, bonus, tips, other \$ ___ per ___	
Reason for leaving		Ending Pay	
Summarize duties and responsibilities		Salary ___ or Hourly ___ \$ ___ per ___	
What did you like the most about this job?		Commission, bonus, tips, other \$ ___ per ___	
What did you dislike about this job?		May we contact for reference? Yes ___ No ___ Later ___	

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Summarize duties and responsibilities		Salary ___ or Hourly ___ \$ ___ per ___	
What did you like the most about this job?		Commission, bonus, tips, other \$ ___ per ___	
What did you dislike about this job?		May we contact for reference? Yes ___ No ___ Later ___	

EMPLOYMENT HISTORY continued

Explain any significant gaps in your employment history other than those caused by illness, injury, or disability.

Except as noted in your employment history (previous page), have you ever been fired or asked to resign? ___Yes ___No

If Yes, please explain _____

SKILLS AND OTHER QUALIFICATIONS

Computer Skills (check all that apply. Include software titles and years of experience.)

___ Word Processing _____ Years _____ ___ Internet _____ Years _____

___ Spreadsheet _____ Years _____ ___ Other _____ Years _____

___ Presentation _____ Years _____ ___ Other _____ Years _____

___ E-mail _____ Years _____ ___ Other _____ Years _____

EDUCATION AND TRAINING

Start with your most recent school attended

NAME OF SCHOOL, CITY & STATE	No. of		Major	Minor	GPA
	Years Completed	Degree Earned			

REFERENCES

List the names and telephone numbers of three employment-related references (other than previous supervisors) who are not related to you. If you have less than three employment-related references, list school, volunteer, or personal references who are familiar with your skills and work ethic.

NAME	OCCUPATION	RELATIONSHIP	TELEPHONE	NO. YEARS KNOWN
			()	
			()	
			()	

OTHER INFORMATION

List any job-related professional or trade organizations in which you are a member. Do NOT list memberships that would reveal race, color, gender, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other protected status.

ORGANIZATION	OFFICES HELD

OTHER INFORMATION (continued from Page 3)

List noteworthy accomplishments, publications, commendations, awards, etc. Do NOT include information that would reveal race, color, religion, gender, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.

Do you speak, write or understand any foreign languages? Yes____ No____

If yes, describe which language(s) and your level of fluency in each._____

Is there any other job-related information that you would like us to consider at this time? If so, please include it below:

May we telephone you to follow up on this application at home? Yes____ No____ At work? Yes____ No____

If yes, what are the best times and days of the week to call?_____

What phone numbers should we use to call you (please specify best times for each)?_____

IMPORTANT: READ THE FOLLOWING STATEMENT CAREFULLY AND SIGN BELOW

The information that I have included in this application for employment is true and complete to the best of my knowledge. I understand that any false statement, misrepresentations, or significant omissions on this application will be sufficient cause to eliminate me from further consideration as a candidate, or be discharged as an employee, if hired. I further understand that this application is not a contract of employment and is not intended to be. I understand and agree that my employment is at-will and can be terminated by either party at any time for any lawful reason which may include no stated reason. No one other than a member of management of Tampa Lighthouse for the Blind has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing and then only in a written agreement signed by an officer.

I understand that the Tampa Lighthouse for the Blind requires a satisfactory background check as a condition of employment, as stipulated on the enclosed Applicant Authorization Statement (signed release). I fully agree to undergo this background investigation and release Tampa Lighthouse for the Blind and all other duly involved parties from any liability associated therewith.

I also understand that this application will remain current for 30 days, after which, if I have not heard from the employer and still wish to be considered for employment, I will need to complete a new application.

Signature of Applicant

Date signed



TAMPA LIGHTHOUSE FOR THE BLIND, INC.
1106 West Platt Street
Tampa, Florida 33606
Phone (813) 251-2407; Fax (813) 254-4305

APPLICANT AUTHORIZATION STATEMENT

The employer has the right to verify information provided in the application. The employer also reserves the right to verify professional credentials and employment history that is included in the resume, along with attachments (whether or not the same information is included in the application form) supplied by the applicant as a supplement to his or her application. False information on the application or any document or attachment supplied therewith may be grounds for rejecting this application or for dismissal following employment.

In connection with this application for employment, I authorize the employer and any agent acting on its behalf to conduct a comprehensive review of my background through an investigative consumer report to be generated for employment, promotion, reassignment or retention as an employee. I understand the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas: verification of Social Security number; current and previous residences; employment history, including all personnel files; education; references; credit history and reports; criminal history, including records from any criminal justice agency in any or all federal, state or county jurisdictions; birth records; motor vehicle records, including traffic citations and registration; and any other public records. I understand that, pursuant to the federal Fair Credit Reporting Act, if any adverse action is to be taken based upon the consumer report, a copy of the report and a summary of the consumer's right will be provided to me.

Moreover, I hereby release Tampa Lighthouse for the Blind, any agent acting on its behalf, and any information sources including, but not limited to previous or current employers, volunteer organizations, schools, personal references, and any other source of job-related information from any and all liability of whatsoever nature by reason of requesting such information from any person or entity.

Applicant, please check one of the following:

- Yes
 No (We may be unable to hire you without this information)

I declare that any statement in this application or information provided is true and complete, and hereby acknowledge that I have read and understand the information above.

Signature

Date signed

Print name

SUPPLEMENT TO APPLICATION

1. Have you ever been convicted, found guilty or entered into a plea or pretrial diversion type agreement (regardless of adjudication) for any violation of federal, state, or municipal law, other than a minor traffic violation? Note: answering yes will not automatically disqualify an applicant from employment.

Yes_____ No_____

If Yes, please give date(s) and nature of the offense:

2. List all traffic violations (excluding parking tickets, but including at-fault accidents) in the past 5 years which resulted in a conviction, guilty plea, or plea of no contest. Be advised that most Lighthouse positions require occasional or regular driving on company business. Initial and annual driving record checks and verification of auto insurance are required of employees in those positions. Please include the date and nature of the violation:

3. Have you ever been a defendant in a civil action for intentional tort? Note: this will not necessarily bar employment.

Yes_____ No_____

If Yes, please describe the nature of the intentional tort and state the disposition of the action.

4. Do you smoke cigarettes? Yes_____ No_____
" " cigars? Yes_____ No_____
" " a pipe? Yes_____ No_____

Do you use any smokeless tobacco products Yes_____ No_____

Note: A Yes response to any of the above will not serve as a barrier to employment as such; however the Tampa Lighthouse for the Blind (and any other Florida employer) legally reserves the right to hire, on a preferential basis, qualified candidates who are non-tobacco users.

If Yes to any of the above, describe number of packs, cigars, pipefuls, etc. per day.

Applicant's signature

Print name

Date signed

