

African People's Education and Defense Fund



DEFENDING the HUMAN and CIVIL RIGHTS of the **AFRICAN COMMUNITY.**

ADDRESSING the GRAVE DISPARITIES in **EDUCATION, HEALTH, and ECONOMIC DEVELOPMENT.**

www.apedf.org 727-821-2437

1245 18th Avenue South St. Petersburg, FL 33705

GENERAL INSTRUCTIONS

- ❖ Our application has been developed to give you every opportunity to list your qualifications and abilities.
- ❖ You may include a resume or provide copies of documents, which help to clarify your training, education and work experience. However, you must also **fill out the application completely.**
- ❖ All questions must be answered factually and completely. The information you provide will be verified. For questions that **do not** apply to you, insert "N/A" (not applicable).

GENERAL INFORMATION

(PLEASE PRINT)

DATE OF APPLICATION: _____

POSITION (S) APPLIED FOR: _____

NAME _____ SOCIAL SECURITY# _____
Last First Middle

HOME ADDRESS _____
Number & Street City State Zip Code

HOME/CELL PHONE _____ CONVENIENT TIME TO CALL _____ BUSINESS OR MSG. PHONE _____ CONVENIENT TIME TO CALL _____

ARE YOU A UNITED STATES CITIZEN? _____ IF NOT, DO YOU HAVE A WORK VISA? _____ (A copy must accompany this Application).

IF THE POSITION FOR WHICH YOU ARE APPLYING REQUIRES A DRIVER'S LICENSE, DO YOU HAVE A VALID DRIVER'S LICENSE? _____ IF YES, LIST EXPIRATION DATE: _____

WHICH TYPE OF DRIVER'S LICENSE DO YOU CURRENTLY POSSESS:

CDL-Class A _____ CDL- Class B _____ CDL -Class C _____ Class D _____ Class E _____ Operator _____ Chauffeur _____

List CDL Endorsements, if any: _____

HAVE YOU EVER WORKED FOR APEDF? _____ IF YES, WHEN? _____

HAVE YOU EVER FILED AN APPLICATION FOR EMPLOYMENT WITH APEDF? _____ IF YES, WHEN? _____

DO YOU HAVE RELATIVES WHO ARE CURRENTLY WORKING FOR APEDF? _____ IF YES, LIST NAMES AND RELATIONSHIPS: _____

ARE YOU APPLYING TO WORK (check all that apply):

Full-Time _____ Part-Time _____ Shifts _____ Temporary _____ Evenings _____ Weekends _____ Holidays _____ Overtime _____

DATE AVAILABLE TO BEGIN WORK: _____ MINIMUM SALARY EXPECTED: _____

ARE YOU OVER 18 YEARS OF AGE? _____ ARE YOU ON A LAY-OFF AND SUBJECT TO RECALL? _____

REFERRAL SOURCES – HOW DID YOU LEARN ABOUT US AND/OR THE POSITION FOR WHICH YOU APPLIED:

ST. PETE TIMES _____ WORKNET _____ APEDF'S WEBSITE _____

VOLMATCH _____ APEDF STAFF _____

OTHER NEWSPAPER _____ ANOTHER SOURCE _____

EDUCATION AND TRAINING

NAME & LOCATION OF HIGH SCHOOL ATTENDED: _____
High School Name City State

IF YOU **DID NOT** GRADUATE FROM HIGH SCHOOL, DO YOU HAVE A G.E.D.? _____ IF **YES**, PLACE G.E.D. RECEIVED: _____

CIRCLE YOUR HIGHEST GRADE **COMPLETED**:
HIGH SCHOOL COLLEGE GRADUATE SCHOOL
9 10 11 12 1 2 3 4 1 2 3 4 +

NAME AND ADDRESS OF COLLEGE, UNIVERSITY, BUSINESS, TRADE, VOCATIONAL SCHOOL, ETC.	DATES ATTENDED FROM (Mo/Yr) TO (Mo/Yr)	TYPE OF DEGREE	MAJOR COURSE OF STUDY	DATE DEGREE AWARDED
Name & City/State				
Name & City/State				
Name & City/State				

CHECK ANY OF THE FOLLOWING IN WHICH YOU HAVE HAD TRAINING OR EXPERIENCE:

- | | | |
|--|---|--|
| <input type="checkbox"/> Microsoft Software
<input type="checkbox"/> Microsoft Word
<input type="checkbox"/> Excel
<input type="checkbox"/> PowerPoint
<input type="checkbox"/> Internet Skills
<input type="checkbox"/> Design Fliers
<input type="checkbox"/> Carpentry
<input type="checkbox"/> Interpersonal/Communication Skills
<input type="checkbox"/> Sales/Telemarketing
<input type="checkbox"/> Brochure design
<input type="checkbox"/> Flatbed trucks
<input type="checkbox"/> Forklift
<input type="checkbox"/> Front-end loader
<input type="checkbox"/> Medical/First Aid/CPR
<input type="checkbox"/> Online Social Networking
<input type="checkbox"/> Marketing/Promotions
<input type="checkbox"/> Real Estate
<input type="checkbox"/> Building Community Relations | <input type="checkbox"/> Non-profit Organizations
<input type="checkbox"/> Supervision Skills
<input type="checkbox"/> Volunteering
<input type="checkbox"/> Driving Box Van
<input type="checkbox"/> Cahier
<input type="checkbox"/> Cook
<input type="checkbox"/> Accounting/Bookkeeping
<input type="checkbox"/> Personal Fitness Training
<input type="checkbox"/> Security
<input type="checkbox"/> Membership/ Volunteer Campaigns
<input type="checkbox"/> Receptionist
<input type="checkbox"/> Graphic Arts
<input type="checkbox"/> Survey instruments

<input type="checkbox"/> Auto Mechanic
<input type="checkbox"/> Warehouse Experience
<input type="checkbox"/> Window Displaying
<input type="checkbox"/> Cash register/Calculators | <input type="checkbox"/> Personal Computers/ data entry
<input type="checkbox"/> Computer Programming/Technical
<input type="checkbox"/> Copy machines
<input type="checkbox"/> Filing
<input type="checkbox"/> Professional Movers

<input type="checkbox"/> Economic Development
<input type="checkbox"/> Video Equipment/Editing
<input type="checkbox"/> Digital Camera/Photography
<input type="checkbox"/> Furniture Restoration
<input type="checkbox"/> Event Planning
<input type="checkbox"/> Office Manager
<input type="checkbox"/> Computer Technical Skills
<input type="checkbox"/> Electrical
<input type="checkbox"/> Two-way radio
<input type="checkbox"/> Typing _____ words per minute |
|--|---|--|

PLEASE SPECIFY TYPES OF COMPUTER HARDWARE, SOFTWARE, PROGRAMMING LANGUAGES, ETC. WITH WHICH YOU HAVE EXPERIENCE:

ADDITIONAL SKILLS, LICENSES, CERTIFICATIONS, ETC. (For example, CPA, Radio Operator, etc.) _____

PLEASE LIST THE PROFESSIONAL AND/OR TECHNICAL JOB-RELATED SOCIETIES OF WHICH YOU ARE A MEMBER: _____

STATE ANY ADDITIONAL INFORMATION YOU FEEL MAY BE HELPFUL TO US IN CONSIDERING YOUR APPLICATION: _____

WORK EXPERIENCE – (Complete this section even if you attach a resume).

ARE YOU PRESENTLY EMPLOYED? ___ YES ___ NO IF **YES**, MAY WE CONTACT YOUR PRESENT EMPLOYER? _____

PLEASE LIST YOUR REGULAR OCCUPATION OR TRADE _____

PLEASE LIST OTHER NAMES YOU HAVE WORKED UNDER _____

IMPORTANT: LIST **ALL** OF YOUR EMPLOYERS FOR THE LAST 15 YEARS, BEGINNING WITH YOUR PRESENT OR MOST RECENT JOB HELD. LIST ALL JOBS, PLEASE EXPLAIN ANY PERIODS OF UNEMPLOYMENT.

NAME OF LAST OR PRESENT EMPLOYER	STARTING DATE	ENDING DATE
STREET ADDRESS	STARTING POSITION	ENDING/CURRENT POSITION
CITY, STATE, ZIP	STARTING SALARY	ENDING/CURRENT SALARY
NAME & TITLE OF IMMEDIATE SUPERVISOR:		EMPLOYER'S PHONE NUMBER:
REASON FOR LEAVING (IF STILL EMPLOYED, GIVE REASON FOR WANTING TO LEAVE):		
DESCRIPTION OF JOB DUTIES:		
		FULL-TIME PART-TIME

NAME OF PREVIOUS EMPLOYER	STARTING DATE	ENDING DATE
STREET ADDRESS	STARTING POSITION	ENDING POSITION
CITY, STATE, ZIP	STARTING SALARY	ENDING SALARY
NAME & TITLE OF IMMEDIATE SUPERVISOR:		EMPLOYER'S PHONE NUMBER:
REASON FOR LEAVING:		
DESCRIPTION OF JOB DUTIES:		
		FULL-TIME PART-TIME

NAME OF PREVIOUS EMPLOYER	STARTING DATE	ENDING DATE
STREET ADDRESS	STARTING POSITION	ENDING POSITION
CITY, STATE, ZIP	STARTING SALARY	ENDING SALARY
NAME & TITLE OF IMMEDIATE SUPERVISOR:		EMPLOYER'S PHONE NUMBER:
REASON FOR LEAVING:		
DESCRIPTION OF JOB DUTIES:		
		FULL-TIME PART-TIME

PLEASE EXPLAIN ANY GAPS IN EMPLOYMENT DUE TO UNEMPLOYMENT, SCHOOLING OR OTHER REASONS: _____

WORK EXPERIENCE – Continued

NAME OF PREVIOUS EMPLOYER	STARTING DATE	ENDING DATE
STREET ADDRESS	STARTING POSITION	ENDING POSITION
CITY, STATE, ZIP	STARTING SALARY	ENDING SALARY
NAME & TITLE OF IMMEDIATE SUPERVISOR:		EMPLOYER'S PHONE NUMBER:
REASON FOR LEAVING:		
DESCRIPTION OF JOB DUTIES:		
		FULL-TIME PART-TIME

NAME OF PREVIOUS EMPLOYER	STARTING DATE	ENDING DATE
STREET ADDRESS	STARTING POSITION	ENDING POSITION
CITY, STATE, ZIP	STARTING SALARY	ENDING SALARY
NAME & TITLE OF IMMEDIATE SUPERVISOR:		EMPLOYER'S PHONE NUMBER:
REASON FOR LEAVING:		
DESCRIPTION OF JOB DUTIES:		
		FULL-TIME PART-TIME

NAME OF PREVIOUS EMPLOYER	STARTING DATE	ENDING DATE
STREET ADDRESS	STARTING POSITION	ENDING POSITION
CITY, STATE, ZIP	STARTING SALARY	ENDING SALARY
NAME & TITLE OF IMMEDIATE SUPERVISOR:		EMPLOYER'S PHONE NUMBER:
REASON FOR LEAVING:		
DESCRIPTION OF JOB DUTIES:		
		FULL-TIME PART-TIME

NAME OF PREVIOUS EMPLOYER	STARTING DATE	ENDING DATE
STREET ADDRESS	STARTING POSITION	ENDING POSITION
CITY, STATE, ZIP	STARTING SALARY	ENDING SALARY
NAME & TITLE OF IMMEDIATE SUPERVISOR:		EMPLOYER'S PHONE NUMBER:
REASON FOR LEAVING:		
DESCRIPTION OF JOB DUTIES:		
		FULL-TIME PART-TIME

PLEASE EXPLAIN ANY GAPS IN EMPLOYMENT DUE TO UNEMPLOYMENT, SCHOOLING OR OTHER REASONS: _____

DID YOU LIST ALL THE EMPLOYERS YOU HAVE HAD IN THE LAST TEN (10) YEARS? YES ___ NO ___ IF NOT, PLEASE USE ADDITIONAL WORK EXPERIENCE FORM (S) AS NEEDED.

Have you ever been discharged or forced to resign? YES ___ NO ___ If "Yes" please give date, employer's name and address, and the reason: _____

Have you **ever** been convicted, pled nolo contendere, been placed on probation, fined, entered a pretrial intervention program, or had adjudication withheld for a crime other than for minor traffic violations? YES ___ NO ___ If "Yes" please give dates and details (i.e., when the offense occurred, the type of offense (s), the location and the outcome or disposition [attach additional paper, if necessary]): _____

(Note: Answering yes to the above will not necessarily automatically disqualify you for employment. Rather, such factors as age at the time of conviction date of conviction, number of convictions, seriousness and nature of the offense, relationship between the crime and the type of position you apply for, and evidence of rehabilitation may be considered in reaching an employment decision. Falsification of your answers may result in dismissal if you are employed.)

PERSONAL/PROFESSIONAL REFERENCES: List three (3) references (do not include relatives or employers).

NAME	ADDRESS	PHONE # (include area code)	YEARS KNOWN

THE FOLLOWING AGREEMENT MUST BE SIGNED – PLEASE READ CAREFULLY

- I certify that the information given in this Application for Employment is true and complete to the best of my knowledge and there are no misrepresentations, omissions or falsifications. I understand and agree that omission of information or false or misleading information provided on this Application or during an interview will be cause for rejection of this Application and/or separation from APEDF service if I have been employed.
- I authorize APEDF to verify all information contained herein, and I release all employers, schools and persons from any and all liability for the release of information to APEDF.
- I understand that this application along with information gathered by APEDF to verify this application constitutes a public record under State statute and is subject to release accordingly.
- I understand that, if hired, I will abide by all rules and regulations of APEDF.
- I understand that nothing contained in this Application or in the granting of an interview is intended to create an employment offer or agreement. I further understand that, if employed, my employment is for no definite period and may be terminated at anytime without notice.
- I understand that an offer of employment is subject to my passing a physical examination, receiving a negative drug test result, and satisfying any and all pre-employment checks that will be conducted.
- Any money advanced to me is to be returned, and all equipment and supplies issued to me are to be returned should my conditional employment be terminated.

SIGNATURE

DATE

APEDF collects your social security number for the following purposes: *Classification of Accounts, Identification and Verification, Credit Worthiness, Billing and Payments, Data Collection, Benefit Processing, Tax Reporting, Criminal History Checks, Debt Collection, and Employment Purposes.*