



**Florida Alcohol & Drug Abuse Association, Inc.**  
2868 Mahan Drive, Suite 1, Tallahassee, FL 32308  
Phone: 850-878-2196 Fax: 850-878-6584  
Web address: [www.fadaa.org](http://www.fadaa.org) Email: [hr@fadaa.org](mailto:hr@fadaa.org)

**EQUAL OPPORTUNITY EMPLOYER**

**We consider applicants for all positions without regard to race, color, sex, religion, national origin, age, genetic information, disability, pregnancy, military/veteran status, marital status, gender identity, or any other protected category.**

**PLEASE PRINT:**

**Position(s) applied for:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Middle Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Business Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**E-Mail** \_\_\_\_\_ **Best Time to contact you:** \_\_\_\_\_ **a.m. p.m. (circle one)**

**If you are under 18 years of age, can you provide required proof of your eligibility to work?**  Yes  No

**Have you ever filed an application with us before, if yes, give date(s):**  Yes  No  
**Date(s):** \_\_\_\_\_

**Have you ever been employed with us before? If yes, give date(s):**  Yes  No  
**Date(s):** \_\_\_\_\_

**Do any of your relatives work here?**  Yes  No

**Are you currently employed?**  Yes  No

**May we contact your present employer?**  Yes  No

**Date available (MM/DD/YYYY):** \_\_\_\_\_

**Seeking employment:**  Full-Time  Part-Time  Temporary

**Minimum Acceptable Annual Salary:** \_\_\_\_\_

**Education Information:**

	<b>Name and Address Of School</b>	<b>Course of Study</b>	<b>Years Completed</b>	<b>Diploma/Degree</b>
<b>High School</b>				
<b>Undergraduate College</b>				
<b>Graduate/ Professional</b>				
<b>Other (Specify)</b>				

**Job-Related Training or Course Work (Vocational, Trade Governmental, Business, Armed Forces, etc.):**

---

---

---

---

**Licensure, Registration, Certification (Examples, Driver License, CPA, LCSW, CAP, LMHC, etc.):**

---

---

---

## Employment Information:

<b>1. Employer:</b>	<b>Dates Employed (start / end)</b>	<b>Work Performed:</b>
<b>Address:</b>		
<b>Phone:</b>	<b>Annual Salary: (start / end)</b>	
<b>Your Job Title:</b>	<b>Supervisor Name:</b>	
<b>Reason for Leaving:</b>		

<b>2. Employer:</b>	<b>Dates Employed (start / end)</b>	<b>Work Performed:</b>
<b>Address:</b>		
<b>Phone:</b>	<b>Annual Salary: (start / end)</b>	
<b>Your Job Title:</b>	<b>Supervisor Name:</b>	
<b>Reason for Leaving:</b>		

<b>3. Employer:</b>	<b>Dates Employed (start / end)</b>	<b>Work Performed:</b>
<b>Address:</b>		
<b>Phone:</b>	<b>Annual Salary: (start / end)</b>	
<b>Your Job Title:</b>	<b>Supervisor Name:</b>	
<b>Reason for Leaving:</b>		

<b>4. Employer:</b>	<b>Dates Employed (start / end)</b>	<b>Work Performed:</b>
<b>Address:</b>		
<b>Phone:</b>	<b>Annual Salary: (start / end)</b>	
<b>Your Job Title:</b>	<b>Supervisor Name:</b>	
<b>Reason for Leaving:</b>		

If you need additional space, please make additional copies of this page or continue on a separate sheet of paper.

**Knowledge/Skills/Abilities**

Please list any knowledge/skills/abilities you possess and believe relevant to the position you seek (computer skills, knowledge of software, fluency in language or knowledge of addiction treatment, prevention and interventions, etc.).

---

---

---

---

List professional, trade, business, or civic activities and office held. (You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status):

---

---

---

---

**Please list at least three (3) professional references, personal references are not acceptable. Please list their name and phone number.**

---

---

---

---

**Have you received a job description for the position(s) you are applying for?  Yes  No**

**If yes, are you able to perform in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied?  Yes  No**

**Please state additional information you feel may be helpful to us in considering your application.**

---

---

---

## Background Questionnaire

Are you a U.S. citizen or are you legally authorized to work in the U.S.?  Yes  No

Have you ever been convicted of a felony or a first degree misdemeanor?  Yes  No

If yes, what charges: \_\_\_\_\_ Where convicted? \_\_\_\_\_  
Date of conviction: \_\_\_\_\_

Have you ever pled nolo contendere or pled guilty to a crime that is a felony or a first-degree misdemeanor?  Yes  No

If yes, what charges: \_\_\_\_\_ Where convicted? \_\_\_\_\_  
Date of conviction: \_\_\_\_\_

Have you ever had the adjudication of guilt withheld for a crime which is a felony or first degree misdemeanor?  Yes  No

If yes, what charges: \_\_\_\_\_ Where convicted? \_\_\_\_\_  
Date of conviction: \_\_\_\_\_

## **Applicant's Statement**

**I certify that answers given herein are true and complete.**

**I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.**

**This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at this time.**

**I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.**

**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 employer.**

**Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_**

**NOTE: After you have completed this application, please submit it along with your resume to the address on the first page of this application. If you have questions, please call at the number listed on the first page of this application. Thank you for your interest.**



**Florida Alcohol & Drug Abuse Association, Inc.**  
2868 Mahan Drive, Suite 1  
Tallahassee, FL 32308  
Phone: 850-878-2196 Fax: 850-878-6584  
Web address: [www.fadaa.org](http://www.fadaa.org) Email: [fadaa@fadaa.org](mailto:fadaa@fadaa.org)

## **Affirmative Action Survey**

**Although the following information is not mandatory, it is requested to aid our association in its commitment to Equal Opportunity and Affirmative Action. Refusal to answer will not result in adverse treatment of any applicant. Applicants who believe they have been discriminated against may file a complaint with the Florida Commission on Human Relations.**

**Sex:**  Male  Female

**Date of Birth:** \_\_\_\_\_

**Race (Check Only One):**

- White (Non-Hispanic)  Black (Non-Hispanic)  Hispanic  Asian or Pacific Islander  
 Native American  Other (Specify)