



Dr. Luis Hines and Associates, PA

THE HUMAN RESOURCES DEPARTMENT

APPLICATION FOR EMPLOYMENT

Dr. Luis Hines and Associates, PA is an equal opportunity employer. Dr. Luis Hines and Associates, PA does not discriminate in employment with regard to race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service or any other characteristic protected by law.

PERSONAL INFORMATION

Incomplete information could disqualify you from further consideration. Please complete all fields.

Name _____ Date _____

Address _____

E-mail Address _____

Home Phone # _____ Mobile Phone # _____

Are you eligible to work in the U.S? Yes No

Are you at least 18 years or older? (If no, you may be required to provide authorization to work.)
 Yes No

Have you ever been terminated from employment or asked to resign by an employer?
 Yes No

If yes, please provide company names and details _____

Can you work any shift? Yes No If no, explain: _____

Can you work overtime, including weekends? Yes No

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? Yes No

South
2828 Coral Way Suite 460
Coral Gables, FL 33145
PH: (305) 642-5255
F: (305) 642-8850

North
12550 Biscayne Blvd., Suite 306
Miami, FL 33181
PH: (305) 895-0504
F: (786) 577-0647

Atlanta
1100 Peachtree St., Suite 250
Atlanta, GA 30309
PH: (305) 642-5255

Orlando, Region Bank Building
5401 South Kirkman Rd., Suite 310
Orlando, FL 32819
PH: (305) 895-0504
F: (786) 577-0647



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EMPLOYMENT DESIRED

Date you can start _____ Hourly rate/Salary desired _____

Position desired _____

Are you currently employed? ____ If so may we inquire of your present employer? _____

REFERRAL SOURCE

How did you hear about us? Walk-In Advertisement Referral Other

Have you ever worked for this company before? ____Yes ____No

Explain _____

Do you know anyone who works for our company? Yes No If yes, who? _____

EDUCATION	Name and location of school	No. of yrs. Attended	Degree Received	Subjects studied/Major
High School				
College or University				
Trade, Business or Correspondence School				

EMPLOYMENT HISTORY Include your last seven (7) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time. **Incomplete information could disqualify you from further consideration.**

From	To	Employer Name	Telephone
			()

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Job Title	Address
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Immediate supervisor and title	Summarize the nature of work performed and job responsibilities
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Reason for leaving

From	To	Employer	Telephone
			()

Job Title	Address
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Do you have any special skills; experience and/or training that would enhance your ability to perform the position applied for? If yes, explain.

REFERENCES

Give the names of three persons not related to you, whom you have known at least three (3) years.

Name	Address, Phone, Email	Company	Years Acquainted
1			
2			
3			

Please read carefully before signing.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for ***Luis Hines and***

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Associates, PA to hire me. If I am hired, I understand that **Luis Hines and Associates, PA** or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of **Luis Hines and Associates, PA** has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to **Luis Hines and Associates, PA** true and complete information on this application. No requested information has been concealed. I authorize **Luis Hines and Associates, PA** to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Signature: _____ Date: _____

THIS APPLICATION IS VALID ONLY FOR 60 DAYS FROM THE DATE ABOVE.

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