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|  | Brevard Nursing Academy1581 Robert J. Conlan Blvd. Suite 106Palm Bay, FL 32905321-914-3041 |

## Equal Employment Opportunity Form

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| Applicant Information |
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| --- | --- | --- | --- |
| Full Name: |  |  |  |
|  | Last | First | M.I. |
| Address: |  |  |  |
|  | Street Address |  | Apartment/Unit # |
|  |  |  |  |
|  | City | State | ZIP Code |
| Home Phone: | ( ) | Social Security Number: |  |

|  |  |
| --- | --- |
| Position Applied for: |  |
|  |  |

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| Voluntary Information |
| This information is being requested in accordance with federal regulations. The information is voluntary and will not be used when considering you for employment with our company. |
| Racial or Ethnic Group |
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| --- | --- | --- |
|[ ]  American Indian/Alaskan |[ ]  Asian/Pacific Islander |[ ]  Black/African American |
|[ ]  Hispanic/Latino |[ ]  White/Caucasian |[ ]  Other |

 |
| Gender |
|

|  |  |  |
| --- | --- | --- |
|[ ]  Female |[ ]  Male |  |

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| Military Service |
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| --- | --- | --- |
|[ ]  Pre-Vietnam Era |[ ]  Vietnam Era |  |
|[ ]  Post-Vietnam Era |[ ]  Disabled Veteran |  |

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| How did you hear about this position? |
|

|  |  |  |
| --- | --- | --- |
|[ ]  Newspaper |[ ]  Company Employee |[ ]  Professional Publication |
|[ ]  Job Fair |[ ]  Placement Office |[ ]  Website |
|[ ]  Other  |  |  |  |  |

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| Teaching Preference and CompetenciesPosition Preferred: (Please include all subjects)1st Choice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2nd Choice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_3rd Choice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4th Choice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_List other subjects you are qualified to teach: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_I will be available to start teaching (date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_List and give the extent of any special training you have had that is not mentioned above.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Certification Note: Please submit a photocopy of all your Florida teaching certificates with this application.

|  |  |  |  |
| --- | --- | --- | --- |
| Florida Certificationyou hold |  DateIssued | Date of Expiration | Certificate Number |
|  |  |  |  |
|  |  |  |  |
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Academic Preparation for TeachingList high schools, colleges, universities, and training institutions attended.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Dates****Attended** | **School and** **Location** | **Degree/****Date** | **Major and** **Minor** | **Semester****Hours** | **Grade****Average** |
| H.S. |  |  |  |  |  |  |
| UNIVERSITIES |  |  |  |  |  |  |
|  |  |  |  |  |  |
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Any degree presently pursuing \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date degree to be completed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### TEACHING EXPERIENCE

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of School****City and State** | **Subjects Taught** | **Supervisor’s name/****Phone number** | **Date Taught****From To** | **Total****Years** |
|  |  |  |  |  |  |
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May we contact any of the above-mentioned persons? Yes No

Are you presently under any contract with any other school? Yes No

If yes, to whom? (Name of School) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been discharged or requested to resign from a teaching or administration position?

 Yes No If yes, explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### OTHER EXPERIENCE

Other work experience which I believe have been valuable to my career are:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### LEGAL NOTIFICATION

It is understood that Brevard Nursing Academy, LLC. May contact former employer(s) for verification of my employment history and Level and Level II background check and I hereby consent to such inquiries.

I understand that if I am employed prior to the receipt of the background report, my continued employment will be conditional on receipt of a report demonstrating that I am in compliance with the Commission of Independent Education (CIE) and the Board of Nursing rules and regulations regarding applicant/employee criminal records and disclosure of criminal convictions.

Signature Date

I promise that the information contained in this application and in my resume, is true and complete, and I understand that if it is not, I may be eliminated from consideration for the job. It, after being hired, falsehoods or omissions are discovered in my application or resume, I understand that my employment may be terminated. By affixing my signature, I agree to the conditions listed on this application and will, if employed, tender my resignation of employment should I fail to fulfill these conditions.

Signature Date

### REFERENCES

These should be from persons best qualified and willing to give an objective appraisal of your fitness in the position you seek, please include administrators with whom you have worked with.

Do we have permission to contact these persons at this time? Yes No

Name Address Phone No. Position/Occupation