



Full Name: _____

Address: _____

Phone: _____ E-mail: _____

Position Applying for: _____

Please tick (v) the type of employment you are interested in:

Full Time (30 – 40 hours/ week)

Part Time (29 or less hours/week)

PRN (On Call)

Availability and Location Preferences

Please enter which days and the times you are available to work so we can match this to our companies needs. DCA has operating hours starting at 5:15 am to midnight, we also are open seven days a week at several of our locations.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From							
To							

DCA has seven locations throughout Palm Beach County, please tick (v) which locations you are willing and able to work at:

Boca (8142 Glades Rd)

Delray (15340 Jog Rd)

West Boynton (6080 Boynton Bch Blvd)

North Broward (23071 State RD 7- Boca)

Wellington (2565 S. State Rd 7)

Palm Beach Gardens (3601 PGA Blvd)

East Boynton (1425 Gateway Blvd) included shared services)

Wellington (2565 S. State Rd 7)

West Palm (1572 Palm Bch Lakes Blvd)



DCA Employment Application

APPLICANT INFORMATION

Last Name		First		M.I.	Date
Address				Apartment/Unit #	
City		State		ZIP	
Phone		Social Security last four			
Position Applying for		Date Available		Desired Salary \$	
Employment Desired		FULL-TIME ONLY <input type="checkbox"/>		PART-TIME ONLY <input type="checkbox"/>	
E mail Address					
Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>					
Have you ever worked for this company? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, when & job title?					
Do you have any relatives or friends working for this company? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, who & where do they work?					
Have you ever completed Level 2 background screening in the last 5 years in the state of Florida? YES <input type="checkbox"/> NO <input type="checkbox"/>					

Have you ever been convicted of a felony? YES NO If yes, explain

EDUCATION

High School		Address			
Dates:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
College		Address			
Dates:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
Other		Address			
Dates:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	

REFERENCES

Please list three professional references.

Full Name		Relationship	
Company		Phone ()	
Address			
Full Name		Relationship	
Company		Phone ()	
Address			
Full Name		Relationship	
Company		Phone ()	
Address			

PREVIOUS EMPLOYMENT*Beginning with your most recent job held. If you were self-employed, give firm name.*

Company		Phone ()	
Street Address		City, State & Zip	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving (be specific)	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

Company		Phone ()	
Street Address		City, State & Zip	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving (be specific)	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

Company		Phone ()	
Street Address		City, State & Zip	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving (be specific)	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

Disclaimer and Signature (CAREFULLY READ EACH STATEMENT BEFORE SIGNING AT THE BOTTOM)

Diagnostic Centers of America is an equal employment opportunity employer. DCA does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or veteran status.

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize DCA to verify their accuracy and to obtain reference

Information on my work performance. I hereby release DCA from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that , if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal, whenever it may be discovered. All statements contained in this application, including a criminal background, credit history check, and drug test, as applicable.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Employer. However, I further understand that neither the policies, rules, regulations of employment or anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the Employer may terminated my employment at any time with or without notice or cause.

This application is valid only for 60 days from the date signed/dated below.

I have read, understand, and agree to the above statements.

Date