

UTOPIA LIVING LLC

7230 Lem Turner Circle, Jacksonville, FL | 904-333-4946

Please complete all applicable fields. Do not provide a Social Security number or banking information on this form.

APPLICANT INFORMATION

Full legal name	Preferred name	Date
Street address		City, State, ZIP
Phone number	Email address	Best time to call

POSITION AND AVAILABILITY

Position applied for	Desired start date	Desired pay (optional)

Employment sought: ☐ Full-time ☐ Part-time ☐ PRN / On-call ☐ Temporary

Available shifts: ☐ Days ☐ Evenings ☐ Overnights ☐ Weekends ☐ Holidays

List any days or times you are unavailable

EMPLOYMENT ELIGIBILITY AND QUALIFICATIONS

Are you legally authorized to work in the United States? ☐ Yes ☐ No

Can you perform the essential job duties with or without reasonable accommodation? ☐ Yes ☐ No

Valid driver license (State / number, if position requires)	Relevant licenses or certifications (CPR, First Aid, etc.)

UTOPIA LIVING LLC

Utopia Living LLC - Equal Opportunity Employer

EDUCATION

School / training program

Course of study

Diploma / degree

Additional school / training program

Course of study

Diploma / degree

EMPLOYMENT HISTORY - MOST RECENT FIRST

Employer 1

Job title

Dates employed

Supervisor / phone

Reason for leaving

Employer 2

Job title

Dates employed

Supervisor / phone

Reason for leaving

PROFESSIONAL REFERENCES (NOT RELATIVES)

Reference 1 - Name

Relationship

Phone / email

Reference 2 - Name

Relationship

Phone / email

APPLICANT CERTIFICATION

- I certify that the information in this application is true and complete to the best of my knowledge.
- I authorize Utopia Living LLC to verify information relevant to employment, including references and work history.
- I understand that employment may be contingent on job-related screening and credentials permitted by law.
- I understand that this application is not a contract or guarantee of employment.

Applicant signature (type full name)

Date