



Jaeb Center for Health Research Employment Application

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This application will remain active for thirty (30) days

MISSION STATEMENT:

To expand scientific knowledge and improve public health by designing and conducting world-class clinical trials and epidemiologic research.

EEO POLICY:

JCHR is an equal-opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status.

**PRE-EMPLOYMENT
TESTING POLICY:**

All prospective employees are subject to drug testing and a criminal background check as permitted under federal and state law.

PERSONAL INFORMATION

Name (Last, First, Middle):

Street Address:

City, State, ZIP Code:

Primary Phone: ☐ Cell ☐ Home ☐ Work

Alternate Phone: ☐ Cell ☐ Home ☐ Work

Email Address:

Are you 18 years of age or older?

☐ Yes ☐ No

EMPLOYMENT DESIRED

Position Sought:

Date Available to Start Work:

Are you currently employed?

☐ Yes ☐ No

Are you willing to relocate if you do not reside in the Tampa Bay area?

☐ Yes ☐ No

REFERRAL SOURCE

How did you hear about JCHR?

Do you know anyone who works for JCHR?

☐ Yes ☐ No If Yes, who?

EDUCATION

Copies of transcripts or diplomas may be required for verification purposes.

High School

Name/Location, City, State:

GPA/Class Rank:

Post-High School

Name/Location City, State	Type*	Dates Attended (MM/DD/YYYY)	College Information		
			Major/Minor	Degrees	GPA
		to			
		to			
		to			

*Junior/Community College, College, Graduate School, etc.

EMPLOYMENT HISTORY

Beginning with your most recent employer, please list all employment for the last ten (10) years, including military service and self-employment. Please account for all periods of unemployment. Complete *all* sections for each employment history block used, even if a résumé is attached. (The *Starting/Ending Salary* and *Comments* sections are optional.)

Name of Present (or Last) Employer:		City, State, ZIP Code:	
Phone Number:	Supervisor's Name and Title:	May we contact this person? ☐ Yes ☐ No	
Job Title:		Starting Salary:	Ending Salary:
Summary of Primary Responsibilities:			
Start Date (MM/DD/YYYY):	End Date (MM/DD/YYYY):	Reason for Leaving:	
Comments:			
Name of Employer #2:		City, State, ZIP Code:	
Phone Number:	Supervisor's Name and Title:	May we contact this person? ☐ Yes ☐ No	
Job Title:		Starting Salary:	Ending Salary:
Summary of Primary Responsibilities:			
Start Date (MM/DD/YYYY):	End Date (MM/DD/YYYY):	Reason for Leaving:	
Comments:			

EMPLOYMENT HISTORY (CONTINUED)

Name of Employer #3:		City, State, ZIP Code:	
Phone Number:	Supervisor's Name and Title:		May we contact this person? ☐ Yes ☐ No
Job Title:		Starting Salary:	Ending Salary:
Summary of Primary Responsibilities:			
Start Date (MM/DD/YYYY):	End Date (MM/DD/YYYY):	Reason for Leaving:	
Comments:			

Name of Employer #4:		City, State, ZIP Code:	
Phone Number:	Supervisor's Name and Title:		May we contact this person? ☐ Yes ☐ No
Job Title:		Starting Salary:	Ending Salary:
Summary of Primary Responsibilities:			
Start Date (MM/DD/YYYY):	End Date (MM/DD/YYYY):	Reason for Leaving:	
Comments:			

Name of Employer #5:		City, State, ZIP Code:	
Phone Number:	Supervisor's Name and Title:		May we contact this person? ☐ Yes ☐ No
Job Title:		Starting Salary:	Ending Salary:
Summary of Primary Responsibilities:			
Start Date (MM/DD/YYYY):	End Date (MM/DD/YYYY):	Reason for Leaving:	
Comments:			

ADDITIONAL INFORMATION

Are you legally eligible for employment in the United States?

☐ Yes ☐ No (If offered employment, you must provide documentation to verify eligibility.)

Will you now or in the future require sponsorship for employment visa status?

☐ Yes ☐ No

Have you ever been convicted of a crime?

☐ Yes ☐ No

Are there any felony charges pending against you?

☐ Yes ☐ No If Yes, please explain fully on a separate sheet. Include the date, offense, and judgment.

Note: A conviction will not necessarily disqualify you from employment. Each conviction will be evaluated on its own merit and with respect to time, circumstances, seriousness, and the position for which you have applied.

Why are you applying for this position?

How would your previous experience or qualifications prove beneficial in this position or support JCHR's mission?

Describe the most enjoyable aspect of your current (or most recent) position.

Describe three (3) aspects of your current (or most recent) position that you dislike or would like to change.

Describe the level of your computer proficiency and related strengths and challenges.

What is your ideal salary range?

Please use this space to provide additional information not covered elsewhere in this application.

Please read carefully before signing and submitting this application:

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Jaeb Center for Health Research to hire me. If I am hired, I understand that either Jaeb Center for Health Research 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 Jaeb Center for Health Research has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to Jaeb Center for Health Research true and complete information on this application. No requested information has been concealed.

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.

I understand that by typing my name below, I am electronically signing this application.

Applicant's Signature

Date



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Please email your application to careers@jaeb.org upon completion. Thank you.