



APPLICATION FOR EMPLOYMENT

Date of Application: ___/___/___

Referred by: _____

Position Desired: _____

Preferred Hours: FT / PT _____

DO NOT LEAVE ANY BLANKS: All requested information is required for you to be considered. MOST of our positions require a **Level Two Background Screening**; therefore we will only consider applicants who provide the required background eligibility information and supporting documentation.

Applicant Full Name: _____ Phone Number: _____
FIRST MIDDLE LAST

Current Address: _____
STREET APT CITY STATE ZIP

Are you at least 18 years of age? **YES / NO**

Are you legal to work in the U.S.? **YES / NO**

Do you possess a valid Driver's License? **YES / NO** / Other State: _____

Have you ever applied with The Arc of the Emerald Coast before? **YES / NO** When? _____

Have you ever been employed with The ARC EC before? **YES / NO** When? _____

Are you related to a present ARC EC employee or member of the Board of Directors? **YES / NO**

If yes, who and relationship? _____

Have you had your fingerprints screened through Florida Department of Children and Families and/or Agency for Persons with Disabilities? **YES / NO**

If yes, list date and place of last screening: _____

Have you ever been convicted of or pled guilty or nolo contendere to a felony or misdemeanor? **YES / NO**

If yes, list date of adjudication(s), charge(s), and state(s) which charged: _____

NOTE: You will not be denied employment solely because of a conviction record, unless the offense is 1) related to the job for which you have applied; or 2) listed as a prohibited offense of the Florida Department of Children and Families Affidavit of Good Moral Character (a copy of which may be obtained from The ARC EC).

THE FOLLOWING INFORMATION WILL BE USED ONLY TO THE EXTENT THAT IS RELEVANT TO THE QUALIFICATIONS AND POSITION FOR WHICH YOU APPLY.

Circle the highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

Do you have a high school diploma? **YES / NO**

Do you have a GED? **YES / NO**

Did you attend college? **YES / NO**

If yes, name of college and # of credits or degeed earned: _____

Do you have any experience working in a medical, psychiatric, nursing, or child care center, or experience working with recipients with developmental disabilities, or have 30 semester hours, 45 quarter-hours, or 720 classroom hours or vocational school.? If so, describe _____

EMPLOYMENT HISTORY

Licensing requirements state we **MUST VERIFY** your past two years employment history **AND** your relevant direct care experience. Please:

- 1) List employment for the past two years, beginning with the most recent. If your job with direct care experience was not in the past two years, add it, so we know you are eligible for the job.
- 2) **DO NOT** leave any gaps in the years between positions. If you were not working, write why.

From / /
 month / year

Employer: _____ Supervisor: _____

To / /
 month / year

Address: _____

Main Office or HR Phone Number: _____

Position Title: _____

Job Duties: _____

Reason for Leaving: _____

From / /
 month / year

Employer: _____ Supervisor: _____

To / /
 month / year

Address: _____

Main Office or HR Phone Number: _____

Position Title: _____

Job Duties: _____

Reason for Leaving: _____

From / /
 month / year

Employer: _____ Supervisor: _____

To / /
 month / year

Address: _____

Main Office or HR Phone Number: _____

Position Title: _____

Job Duties: _____

Reason for Leaving: _____

Understandings and Agreements

I understand that any misrepresentation, falsification or omission on this application shall be sufficient reason for refusal or dismissal of employment. I hereby authorize investigation of all matters contained in this application and agree that if the results of such investigation are not satisfactory, any offer of employment made by The Arc of the Emerald Coast may be withdrawn, or employment with the ARC EC may be terminated immediately. I understand that employment with ARC EC is voluntarily entered into and the employee is free to resign at will at any time, with or without cause. Similarly, the ARC EC may terminate the employment relationship at will at any time, with or without notice or cause, so long as there is not a violation of applicable federal or state law. I understand that, if hired, I will be placed on a 90-day probation period.

I authorize the ARC EC to conduct background checks on my record in accordance with the standards set by the Department of Children and Families for this type of work. I understand that if a disqualifying offense shows up on my record, I will be terminated immediately. I also understand that the ARC EC will require a DMV record if my position requires driving either my personal vehicle, or a company vehicle. If there are multiple offenses on the DMV record, I understand that I may be terminated if there is no other position with the ARC EC that would not require driving.

All jobs applicants at the ARC EC will undergo screening for the presence of illegal drugs as a condition for employment. Applicants will be required to voluntarily submit to a urinalysis test at a laboratory chosen by the ARC EC. (Any applicant with positive test results will be denied employment.)

I have read in full and understand the above statements and conditions of employment. I certify that the facts contained in this application are true and complete to the best of my knowledge.

SIGNATURE OF APPLICANT

DATE



AUTHORIZATION TO RELEASE INFORMATION FOR EMPLOYMENT

As an applicant/employee with The Arc of The Emerald Coast (formerly Horizons) I hereby authorize past employers and personal references to release information about my work history, and personal conduct.

NOTE: We will only ask what is marked by an 'x.' Fill out the bottom of this form.

You may release or verify the following items:

Past Employers:

- Salary History
- Dates of Employment
- Position Held
- Duties and Responsibilities
- Attendance Records
- Reasons for Leaving
- Eligibility for Rehire

Personal References:

- Years Known
- Relationship
- Qualification
- Criminal History
- Personal Comments

Name: _____ Last Four of Security #: _____

Signature: _____ Date: _____