

APPLICANT: _____



160 North Beach Street
Daytona Beach, Florida 32114
Phone: (386) 238-4900 Fax: (386) 238-4881

**EQUAL OPPORTUNITY EMPLOYER
DRUG-FREE WORKPLACE**

We are an equal employer, dedicated to a policy of non-discrimination in employment on any basis, including race, color, age, religion, sex, national origin, handicap, disability, marital status or veteran status.

APPLICATION FOR EMPLOYMENT

Date: _____

Social Security Number: _____/_____/_____

Name: _____
Last First Middle

Are you 18 years or older? Yes No
 How long have you lived in this area? _____

Present Address: _____
Street City County State/Zip

Previous Address: _____
Street City County State/Zip

Home Telephone No.: (____) _____ Referred by: _____

Driver's License No. and State: _____

If anyone related to anyone who works for this agency, state name and CBC office location:

May we contact your present employer? Yes No May we contact your previous employer? Yes No

Please identify any exceptions and give reasons for not contacting present or previous employers: _____

Position(s) for which you are applying: _____

EDUCATION

	School and Location	Number of Years Completed	Graduation	Degree and Field Of Concentration
High School/GED Or Preparatory			Yes No	
College			Yes No	
Graduate			Yes No	

Business or Other Training				
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Field Work Placements (Dates and Agencies): _____

Please complete application in its entirety. Resumes are not accepted in lieu of completed application form.

EXPERIENCE

List below previous employers and salary history during the last ten years beginning with your current or most recent employer: (Use additional pages if necessary)

Date Month & Year	Hours Worked	Name, Address and Telephone No. of Employer	Kind of Organization and Position Held	Name of Supervisor	Ending Salary	Reason for Leaving
From: _____ To: _____	F/T P/T Average No. Of Hours Worked: _____					
From: _____ To: _____	F/T P/T Average No. Of Hours Worked: _____					
From: _____ To: _____	F/T P/T Average No. Of Hours Worked: _____					
From: _____ To: _____	F/T P/T Average No. Of Hours Worked: _____					
From: _____ To: _____	F/T P/T Average No. Of Hours Worked: _____					

Did you work for any of these employers under a different name? Yes No

If yes, which employer(s) and under what name(s)?: _____

Please explain any gaps in your employment history: _____

Have you received any written reprimands or disciplinary suspensions during any previous employment?: Yes No

If yes, please explain: _____

Criminal Background Investigation

You are applying for a position with a licensed Child Placing Agency and therefore a *thorough* criminal background investigation will be conducted through the Florida and National Criminal Information databases. *Not all criminal offenses or circumstances are disqualifying, however honesty is important, as the results will be compared to your answers.*

Have you ever entered a **plea** of no contest or guilty to any criminal offense, misdemeanor or felony, whether or not adjudication was withheld? Yes No

Have you ever been **sentenced** for any criminal offense, misdemeanor or felony, whether or not adjudication was withheld? Yes No

Have you ever been **convicted** for any criminal offense, misdemeanor or felony, whether or not adjudication was withheld? Yes No

Have you ever entered into an agreement with the State Attorneys Office (or its equivalent in another state) to either defer prosecution, dismiss, nolle prosequere, or decline to file an Information (or its equivalent in another state) for a criminal offense in exchange for your successful completion of a pre-trial diversion program or pre-trial intervention program? Yes No
If Yes, did you successfully complete the program and was the case dismissed, nolle prossed or other wise not prosecuted? Yes No

If any of the above questions were yes, please give details for each criminal offense:

Date: _____ City/State: _____ Offense: _____

Disposition: _____

Explanation: _____

Date: _____ City/State: _____ Offense: _____

Disposition: _____

Explanation: _____

Date: _____ City/State: _____ Offense: _____

Disposition: _____

Explanation: _____

IF ADDITIONAL SPACE IS NEEDED TO COMPLETELY ANSWER THIS QUESTION, ATTACH ADDITIONAL PAGES WITH THE NECESSARY INFORMATION

Have you ever been discharged or asked to resign?: Yes No

If yes, please explain (include by whom, when and for what): _____

DRIVING RECORD: (If probability of driving a company vehicle or on company business exists for the position in which you are applying):

Do you have a valid driver's license? Yes No

What class of license do you possess? _____

Have you had a suspension or probation of your license within the last three (3) years? Yes No

How many speeding or other moving violations have you received in the last three (3) years? _____

List below all other traffic violations (except parking) on your record for the last three (3) years and all accidents for which you are responsible:
(Use additional page if necessary)

DATE	LOCATION	DESCRIPTION	RESULT

REFERENCES: Give below the names of three persons not related to you, whom you have known at least one year:

NAME	COMPLETE MAILING ADDRESS	DAYTIME TELEPHONE	YEARS ACQUAINTED
1. _____			
2. _____			
3. _____			

EMPLOYMENT APPLICATION CERTIFICATION

I hereby certify that all of the facts and information listed on this employment application are true and complete. I understand that any false, incomplete or misleading information given by me on this application is sufficient cause for rejection of this application. I also understand and agree that any such false, incomplete, or misleading information discovered on this application or provided in the hiring process, which is discovered at any time after I am employed may result in my dismissal.

I hereby authorize Community Partnership for Children (hereinafter referred to as CPFC) to investigate all statements contained in this application and to interview the references and previous employers listed in this application. I authorize the references and previous employers listed to give CPFC all facts, opinions and evaluations concerning my previous employment and any other information they may have, personal or otherwise, and release all such parties from any liability which may allegedly arise from furnishing such information to CPFC, including, but not limited to, any liability for defamation or invasion of privacy.

If I am offered employment, I understand that such an offer will be conditioned upon satisfactory results of a background investigation and/or agency medical examination or inquiry, including a drug screen test. If then employed, I understand that I will be required to serve a six (6) month (180 days) probationary period. I further understand that my employment and compensation can be terminated, with or without cause or notice, at any time, regardless of the successful completion of my probationary period, at the option of either CPFC or myself understand that no supervisor or other representative of CPFC other than the President of CPFC has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

I further understand and voluntarily agree as a condition of employment or my continued employment, that I may be requested by CPFC to submit to a urinalysis or other drug screen test and that my failure to take such test(s) when requested to do so or unsatisfactory test results will disqualify me from consideration for employment, or if I am then employed, may result in my immediate dismissal.

I certify that I have read, understand and agree with the above.

Date

Signature of Applicant