



LEON ADVOCACY AND RESOURCE CENTER, INC. APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation or any other legally protected status. If you require special accommodations to participate in the interview process, please notify us in advance.

(PLEASE PRINT IN INK)

For which position(s) are you applying?	Date of Application
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Last Name	First Name	Middle Initial
Address (Street & Number	City	State Zip Code
Home Phone	Business Phone	Social Security Number
E-mail Address:		

Best time to contact you at home is:

- | | | |
|----------------------------------------------------|-------|-------------------------------------------------|
| Have you previously filed an application with us? | 9 Yes | 9 No
If Yes, give date |
| Have you previously been employed with us? | 9 Yes | 9 No
If Yes, give date
Reason for leaving |
| Are you currently employed? | 9 Yes | 9 No |
| Are you currently on layoff and subject to recall? | 9 Yes | 9 No |
| If hired, when would you be able to start? | | |
| Are you over the age of 18? | 9 Yes | 9 No |
| Are you related to any present LARC employees? | 9 Yes | 9 No |

For which type position are you applying? 9 Full Time 9 Part Time 9 PRN 9 Anything Available
 If applying for residential services (full time), which shifts are you willing to work? (Check all that apply.)
 9 1st Shift 9 2nd Shift 9 3rd Shift 9 Sleep-Over

Days and times available if applying for part time or PRN:

9Monday	9Tuesday	9Wednesday	9Thursday	9Friday	9Saturday	9Sunday
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Employment Experience

1] Name of Present / Most Recent Employer:		
Address:		Phone Number:
Job Title:	Supervisor:	Hours Per Week:
From (Mo/Yr)____ / ____ To (Mo/Yr)____ / ____	Wage/Salary: Begin _____ End	
Duties and Responsibilities:		
Reason for Leaving:		Did you leave in good standing?
2] Name of Next Most Recent Employer:		
Address:		Phone Number:
Job Title:	Supervisor:	Hours Per Week:
From (Mo/Yr)____ / ____ To (Mo/Yr)____ / ____	Wage/Salary: Begin _____ End	
Duties and Responsibilities:		
Reason for Leaving:		Did you leave in good standing?
3] Name of Next Most Recent Employer:		
Address:		Phone Number:
Job Title:	Supervisor:	Hours Per Week:
From (Mo/Yr)____ / ____ To (Mo/Yr)____ / ____	Wage/Salary: Begin _____ End	
Duties and Responsibilities:		
Reason for Leaving:		Did you leave in good standing?
4] Name of Next Most Recent Employer:		
Address:		Phone Number:
Job Title:	Supervisor:	Hours Per Week:
From (Mo/Yr)____ / ____ To (Mo/Yr)____ / ____	Wage/Salary: Begin _____ End	
Duties and Responsibilities:		
Reason for Leaving:		Did you leave in good standing?

Education / Certifications

HIGH SCHOOL

Name/Location of School

Received: 9Diploma 9Other (specify) 9None

COLLEGE, UNIVERSITY OR PROFESSIONAL SCHOOL

Name of School	Location	Dates of Attendance (Month/Year)		Major / Minor Course of Study	Degree Earned
		From	To		

BUSINESS, TRADE, VOCATIONAL, OR CORRESPONDENCE SCHOOL

Name of School	Location	Dates of Attendance (Month/Year)		Course of Study	Degree or Certificate Earned
		From	To		

PROFESSIONAL LICENSES, CERTIFICATIONS (Teacher, RN, LPN, CNA, CBA, LMHC, CPA, etc.)

License, Registration or Certification	Number	Date		State Licensing Agency
		Received	Expires	

Are there any other experiences, skills, or qualifications you feel are relevant to the position you are seeking? (Previous experience with person(s) with disabilities outside the realm of employment, relevant course work, seminars, computer skills, fluency in languages other than English, American Sign Language, First Aid/CPR, aggression control techniques, Crisis Prevention Intervention training, business activities, offices held, etc.)

Background, Citizenship, etc.

- 1) Have you ever been discharged or asked to resign from any position? 9 Yes 9 No
If yes, please describe _____
- 2) How many jobs have you had in the last 5 years that you did not previously list? _____
- 3) Are you prevented from lawfully becoming employed in this country because of visa or immigration status? (Proof of citizenship or immigration status will be required upon employment.) 9 Yes 9 No
- 4) Do you have a valid Florida or Georgia Driver License? 9 Yes 9 No
IF "YES", DL #: _____
- 5) Do you have dependable transportation? 9 Yes 9 No
- 6) Have you had one or more of the following traffic violations: DWI/DUI/OUI/OWI (drugs or alcohol), refusing to take a substance test, driving with an open container (alcohol), manslaughter or negligent homicide using a motor vehicle, driving while license is suspended or revoked, operating a motor vehicle for the commission of a felony, aggravated assault with a motor vehicle, permitting an unlicensed person to drive, reckless driving, fleeing or evading police or roadblock, resisting arrest, speed contest (racing), hit and run (bodily injury or property damage), failure to report an accident, or illegal passing of a school bus? 9 Yes 9 No
If "YES", what violations? _____
- 7) Have you had 3 (three) or more of the following violations in the past 3(three) years: speeding, improper lane change, failure to yield, failure to obey traffic signal or sign, careless driving, and at fault accidents. 9 Yes 9 No
If "YES", what violations? _____
- 8) Do you have automobile liability insurance (listing you as covered driver) with minimum coverage of \$10,000/\$20,000 bodily injury and \$10,000 property damage? 9 Yes 9 No
Insurance Company: _____ Policy #: _____
- 9) Have you ever been convicted of a felony or a first degree misdemeanor? 9 Yes 9 No
If "YES", what charges? _____
Where convicted? _____ Date of conviction: _____
- 10) Have you ever pled *nolo contendere* or pled guilty to a crime which is a felony or a first degree misdemeanor? 9 Yes 9 No
If "YES", what charges? _____
Where? _____ Date: _____
- 11) Have you ever had the adjudication of guilt withheld for a crime which is a felony or a first degree misdemeanor? 9 Yes 9 No
If "YES", what charges? _____
Where? _____ Date: _____
- 12) Are you certified to provide any services under the Medicaid Waiver as an independent contractor? 9 Yes 9 No

Note: A "Yes" answer to questions 6-11 will not automatically bar you from employment. The nature, job-relatedness, severity and date of the offense in relation to the position for which you are applying and to the laws and statutes relating to the position are considered.

Personal References

(3 personal references (**not relatives or former supervisors**) must be listed for application to be considered.)

Name	Address	Home Phone	Work Phone

Applicant Statements/Reference Check Waiver

Please read this document carefully. If you agree to the statements, terms, and conditions set forth herein, please initial each paragraph where indicated, and sign and date this page at the bottom. **No application will be considered without applicant's signature.**

12) I have reviewed the job description for the position for which I am applying, and I am knowledgeable about the requirements of the job. I am capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job for which I have applied as delineated in the job description.

Initials _____

13) I certify that to the best of my knowledge all answers given herein are true, complete, and accurate. I also understand that any omissions, falsifications, misstatements, or misrepresentations may disqualify me from consideration and, if I am hired, may be grounds for termination at a later date.

Initials _____

14) With the exception of contacting my current employer (discussed below), I fully authorize the investigation and verification of any statements made by me in this employment application (and any resume or other materials submitted by me in connection with my effort to obtain employment with LARC). I expressly authorize you to contact all listed past employers and/ or references. I further authorize any person, school, past employer, or other person, organization, or entity to provide LARC with any information that may be relevant and useful to LARC in making a hiring decision. I **expressly release from any and all legal liability** all companies, corporations, and individuals supplying such information as is permitted, by law, to release.

Initials _____

15) I DO ____ / DO NOT ____ authorize you to contact my current employer. If, and only if, I have authorized you to contact my current employer, I agree that the terms set forth in paragraph C also apply to my current employer.

Initials _____

16) I understand that I will be required to undergo background screening and receive clearance through abuse registry, pre-employment drug screen, fingerprinting (FDLE and FBI), local law enforcement, Division of Driver License, and Affidavit of Good Moral Character. Failure to pass this screening prior to or at any point during my employment would result in immediate disqualification and termination.

Initials _____

17) I understand that LARC follows an “**employment at will**” policy, which means I or the agency, unless otherwise defined by applicable law, may terminate my employment at any time with or without cause. I understand this “at will” employment relationship may not be changed verbally or in writing, unless the change is specifically authorized in writing by an authorized administrator of this organization. I further understand that this application is not a contract of employment.

Initials _____

18) I understand that applicants for employment, after receiving an offer of employment, will be required to undergo alcohol and drug testing as part of the pre-employment process. Employment of the applicant is contingent upon his or her passing the alcohol and drug test. Applicants who fail to pass the alcohol and drug test are not eligible for re-testing and possible employment for a period of twelve (12) months, at which time they may furnish evidence of a successful rehabilitation program and a negative drug test result.

Initials _____

Signature of Applicant _____

Date _____

This application will be considered active for no longer than 90 days. If you wish to be considered for employment beyond this time, you will need to inquire as to whether or not applications are being accepted at that time.

**THANK YOU FOR YOUR INTEREST IN LEON ADVOCACY AND RESOURCE CENTER!
WE ARE AN EQUAL OPPORTUNITY EMPLOYER.**