



# Application for Employment

### Drug-Free and Nicotine Free Workplace

Equal access to programs, services and employment is available to all persons. Applicants requiring reasonable accommodation to the application and/or interview process should notify the Human Resources Department.

APPLICANT INFORMATION								
Last Name			First			M.I.	Date	
Street Address						Apartment/Unit #		
City			State			ZIP		
Phone			E-mail Address					
Date Available			Are you available to work:	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Weekends	<input type="checkbox"/> Temporary	
Times Available to work								
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday		
Position Applied for								
Are you eligible to work in the U.S.?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	<i>If selected for a position at CASA, proof of eligibility must be provided.</i>			
Have you ever filed an application here before?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?			
Have you ever worked for this company?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?			

BACKGROUND INFORMATION	
Have you ever been convicted of a felony or a first degree misdemeanor?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If "Yes", what charges?	
Where convicted?	Date of conviction:
Have you ever pled nolo contendere, pled guilty, and/or entered into a pre-trial intervention contract for a crime which is a felony or a first degree misdemeanor?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If "yes", what charges?	
Where?	Date:
Have you ever had the adjudication of guilt withheld for a crime which is a felony or a first degree misdemeanor?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If "yes", what charges?	
Where?	Date:
Note: a "yes" answer to these questions 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 are considered. [see §112.011,f.s.]	
RELATIVES	
To your knowledge, do you have any relatives working in this agency?	YES <input type="checkbox"/> NO <input type="checkbox"/>
To your knowledge, are you related to any person on CASA's Board of Directors?	YES <input type="checkbox"/> NO <input type="checkbox"/>

**EDUCATION**

High School			Address:
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:
College			Address:
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:
Other			Address:
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:

**PREVIOUS EMPLOYMENT – LIST MOST RECENT THEN IN DESCENDING ORDER**

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

**MILITARY**

YES <input type="checkbox"/>	NO <input type="checkbox"/>
Branch	
Rank at Discharge	
Job Title and Responsibilities	

## LICENSURE AND CERTIFICATION

NUMBER	DATE RECEIVED	EXPIRATION DATE	STATE LICENSING AGENCY

## KNOWLEDGE/SKILLS/ABILITIES (KSAs)

List KSAs you possess and believe relevant to the position you seek, such as computer skills, fluency in language (s), etc.


## PROFESSIONAL REFERENCES

*Please list three professional references.*

Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			

## DISCLAIMER AND SIGNATURE

This application is current for one-year. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA. The employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state or federal law.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice. The employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law.

This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary.

As a recipient of monies from the Florida Department of Children and Families, we are obligated to conduct a Level 2 criminal background screening on all of our employees. To conduct such a screen, we must provide personal information including your height, weight, ethnicity/national origin, race, gender, and information relative to any past alleged or actual criminal behaviors. CASA maintains such information as strictly confidential and only shares it with entities and parties that are entitled to its review and consideration under existing state and federal laws. By signing below, you agree to the release and use of such information for these limited purposes.

I have read and fully understand the above and seek employment under these conditions.

I am aware that any omissions, falsifications, misstatements, or misrepresentations above may disqualify me for employment consideration and, if I am hired, may be grounds for termination at a later date. I understand that any information I give may be investigated as allowed by law. I consent to the release of information about my ability, employment history, and fitness for employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel staff, and other authorized employees of CASA for employment purposes. This consent shall continue to be effective during my employment if I am hired. I certify that to the best of my knowledge and belief all of the statements contained herein and on any attachments are true, correct, complete, and made in good faith.

Signature

Date:

WE ARE AN EQUAL OPPORTUNITY EMPLOYEE

In accordance with federal law and U.S. Department of Justice policy, this organization is prohibited from discriminating on the basis of race, color, national origin, religion, sex, age or disability. To file a complaint of discrimination, call the Department of Legal Affairs, Federal Discrimination Complaint Coordinator, PL-01 The Capitol, Tallahassee, Florida, 32399, or call 850-414-3300, or write Office for Civil Rights, Office of Justice Programs, US Department of Justice, 810 7th Street, NW, Washington, DC 20531 or call 202-307-0690 (Voice) or 202-307-2027 (TDD/TTY). Individuals who are hearing impaired or have speech disabilities may also contact OCR through the Federal Relay Service at 800-877-8339 (TTY), 877-877-8982 (Speech), or 800-845-6136 (Spanish).