

Dear Applicant:

Thank you for your interest in employment with Central Florida Care Group, Inc. We are committed to distinctive quality and unparalleled expertise in the special needs of our clients and residents. If you are employed here, you will discover that the pursuit of excellence is truly a rewarding aspect of your career with the agency. As a team member you must "own" the results of your contributions.

If you are sincerely looking for a position to contribute to training and care of the lives of others and a fulfilling career, please fill out the attached application. However, if you are only looking to draw a paycheck, this agency is not for you.

The following information will be required to process your application for hire:

- Copy of your driver's license.
- Copy of Vehicle Registration
- Copy of Vehicle Insurance
- Caregiver's Insurance
- Copy of your social security card.
- Copy of Professional Resume
- Proof of Education - Highest level degree earned (i.e. copy of high school or college diploma)

Also, we will accept Copies of any certificates/credentials you may have earned:

- * CPR First Aide Training
- * Choice and Rights of Individual (Bill of Rights)
- CNA
- HHA
- Med Administration
- * Complete Core Competencies Training (both components: Intro DD and Health & Safety)
- * Complete HIV/AIDS
- * Infection Control Training
- * Zero Tolerance
- * HIPAA
- Any other certificate training

Finally, you are required to take in reference form filled out by the individuals you have listed, submitted with your application or no later than **5 days** after your application date. Please make sure that you include their full address. Also, if you can contact these individuals to make them aware that Central Florida Care Group, Inc. will be contacting them.

Sincerely,

Central Florida Care Group, Inc.

EMPLOYMENT APPLICATION

Please complete answer all questions on the application (*using **CAPITAL LETTERS***).

It is the policy of Central Florida Care Group, Inc. to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

1. Applicant information

Applicant Full Name: _____

Home Address: _____

City/ _____ State/ _____ Zip _____

Number of years at this address: _____

Daytime phone: _____ Evening phone: _____

Mobile phone: _____

Social Security Number: _____ - _____ - _____

Language(s): English Spanish Other: _____

Email address: _____

2. Emergency Contact

Who should we contact if you are involved in an emergency?

Contact Name: _____

Relationship to you: _____

Address: _____

City/ _____ State/ _____ Zip _____

Daytime phone: _____ Evening phone: _____

Mobile phone: _____

3. **Position Applied for:** _____

Full, Part time or On Call: _____

4. **Salary Desired:** \$ _____ per _____

5. **Are you willing to work any hrs., including nights and weekends?** ___ YES / ___ NO

If No, please state any limitations:

***Please put Availability**

Date	Times	Date	Times
Monday		Saturday	
Tuesday		Sunday	
Wednesday			
Thursday			
Friday			

Select the area(s) you are willing to work:

Orange Osceola Brevard Seminole Polk

6. **Who referred you to our company?** _____
7. Do you have any friends or relatives who work here? YES / NO
If Yes, please list here: _____
8. **Have you applied to our company previously?** YES / NO
If Yes, when? _____
9. **Are you at least 21 years old?** YES / NO
10. **How will you get to work?** _____
11. **If applicable, are you available to work overtime?** YES / NO
12. **If you are offered employment, when would you be available to begin work?**

13. **If hired are you able to submit proof that you are legally eligible for employment in the United States?** YES / NO
14. **Are you able to perform the essential functions of the position you seek with or without reasonable accommodation?** YES / NO
What reasonable accommodation, if any, would you request? _____

15. Education

	School Name & Address	Circle Last Year Completed	Did you Graduate Y/N	Major/Degree
High School		1 2 3 4 5		
College		1 2 3 4 5		
Graduate or Professional		1 2 3 4 5		
Other: Please Explain				

Special Interest and Aptitudes: (Please list volunteer work, trainings, experiences or areas of special interest that would better qualify you for this position.) Also, please indicate any current professional licenses or certifications that you hold: _____

16. Professional and Vocational Experience Information

List below your last three employers (If applicable). Begin with your most recent employer.

Date Worked DD/MM/YYYY	Name and Address	Job Title/Position
From:		
To:		

Type of Duties/Job Description: _____

Reason for Leaving: _____

May we contact this employer: _____ YES / _____ NO; If No what is the Reason:

Date Worked DD/MM/YYYY	Name and Address	Job Title/Position
From:		
To:		

Type of Duties/Job Description: _____

Reason for Leaving: _____

May we contact this employer: ____ YES / ____ NO; If No Reason: _____

Date Worked DD/MM/YYYY	Name and Address	Job Title/Position
From:		
To:		

Type of Duties/Job Description: _____

Reason for Leaving: _____

May we contact this employer: ____ YES / ____ NO; If No Reason: _____

17. Driver's License Information

Central Florida Care Group, Inc. requires a valid Florida Driver's License, as transportation of clients, residents and company needs are required.

Do you have a current and valid Florida license to operate a motor vehicle? ____ YES / ____ NO

If YES, please list your license number: _____

18. Criminal Record Information

Have you ever been convicted of charges other than minor traffic violations? ____ YES / ____ NO

If YES, Please give full details: _____

I hereby apply for employment with Central Florida Care Group, Inc. I certify that, to the best of my knowledge, the statements given on this employment application truly represent my background and experience. I hereby authorize investigation of any and all of the statements contained in this application and understand that misrepresentation or omission of pertinent facts called for may constitute grounds for dismissal or rejection of application.

As a condition of employment by Central Florida Care Group, Inc. I understand that I am required to submit the following:

- A. **A physical examination that includes testing for Tuberculosis and Hepatitis B (Staff Health Statement) _____
Initial
- B. **Pre-employment drug test at the designated time and place. _____
Initial
- C. **Level Two Background Screening in accordance with Florida Statute 393.0655.** _____
Initial
- D. **Local Law Background Screening.** _____
Initial
- E. **Affidavit of Good Moral Character (AGMC)** _____
Initial
- F. Documentation regarding convictions of criminal charges (if any). _____
Initial
- G. Documentation regarding motor vehicle violations (if any). _____
Initial

I also understand this is not and is not intended to be a contract of employment and, if hired, the company may terminate my employment with or without cause in the best interest of the agency. I realize that any false or misleading information given in this application or at any time during the hiring process may result in discharge.

Signature: _____ **Date:** ____/____/____

**AUTHORIZATION
REFERENCE RELEASE OF INFORMATION**

Applicant's Name: _____

Please Print

I the above-mentioned name applicant has applied for employment with Central Florida Care Group, Inc. and hereby gives written permission for relevant information and verification of credentials, professional capabilities, work experience, job level performance and character, etc. to be released to Central Florida Care Group, Inc.

The applicant understands that the information will be used toward the evaluation of the applicant's qualifications as they relate to the position for which application has been made.

The applicant hereby releases all providers of information, individually and collectively, from any liability for releasing said information. The applicant gives Central Florida Care Group, Inc. permission to copy this signed authorization and agrees that the copies will be considered as valid for the intended purpose of releasing information to Central Florida Care Group, Inc.

Applicant's Signature: _____

Date: ____ / ____ / ____

APPLICANT CONSENT AND RELEASE FROM LIABILITY

I understand Central Florida Care Group, Inc. has a policy that prohibits the use of alcohol/illegal substances and/or the use of prescription drugs without a prescription ("Illegal Drugs"). I further understand that the agency strives to maintain a workplace free from the use of alcohol/illegal drugs and has adopted an alcohol/drug testing policy and procedures for prospective employees. I fully understand that all offers of employment are contingent on a negative alcohol/drug test result.

I also understand and agree that, if employed, I may be required to submit to an alcohol/drug test at any time at the discretion of the agency. I hereby consent to Central Florida Care Group, Inc. or its agents collecting a urine sample from me as a part of Central Florida Care Group, Inc. application process. I hereby release and discharge Central Florida Care Group, Inc., their employees, directors, officers and agents from any and all claims, liability, or damage arising from such tests including the testing process and procedures, and the analysis and disclosure of the results.

I hereby further consent to the release of the drug test reports from the testing laboratory to Central Florida Care Group, Inc.'s designated personnel; and to the use of such reports, Central Florida Care Group, Inc.'s assessment of my employment application and/or employment status. If I should refuse to participate, or should the test results be positive, or if the sample submitted has been tampered with, it will be cause for rejection of my employment application.

ACKNOWLEDGMENT

My signature below acknowledges that I have been informed of the Central Florida Care Group, Inc.'s Drug Free Workplace Policy.

Applicant's Name (Please Print)

Social Security Number

Applicant's Signature

Date