



APPLICATION FOR EMPLOYMENT

3015 Parental Home Rd. Jacksonville, FL 32216

Phone: (904) 720-0002 Fax: (904) 721-7313

Date: _____ Social Security No.: _____
 Name: _____ ___At least 21 years old? Yes No

Last
First
Middle

Present address: _____

Street
City
State
Zip

 Permanent address: _____

(If different from above) Street
City
State
Zip

Day phone :(____) _____ Evening phone :(____) _____
 How did you learn about the job opening? (person, website, etc.) _____

If related to anyone who works for the Agency, please state their name, department and location:

In case of emergency, please notify:

Name	Relationship	Address	Phone Number(s)
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EMPLOYMENT DESIRED

Position: _____ Date You Can Start: _____ Salary Desired: _____

Prefer: Full-time schedule Part-time schedule Relief (PRN/on call)

Work schedules sometimes require weekends and/or overtime (at overtime rates of pay). Can you work such a schedule if necessary? Yes No

Are you employed now? Yes No If yes, may we contact your present employer? Yes No

Ever applied to this Agency before? Yes No When? _____ Position? _____

EDUCATION

School	Print Name, Street, City & Zip for each school listing	Degree Obtained/ Date Obtained	Major/Minor
High School			
College			
Graduate School			
Trade, Bus. Or Night			

Other			

Have you ever been convicted of, or pled guilty, no contest or *nolo contendere* to a crime? Yes No

If yes, give details (date, place, offense(s), disposition, etc.):

Have you ever been charged with a crime and either been placed on a court-ordered probation, had adjudication withheld, entered a pre-trial intervention program or have any criminal charges now pending? Yes No

If yes, give details (date, place, offense(s), disposition, etc.):

Only U.S. citizens or aliens who have the right to work in the U.S. are eligible for employment. Can you, upon employment, submit documentation verifying your identity and your legal right to work in the U.S.? Yes No

PREVIOUS EMPLOYMENT: List below sequentially all of your employers in the last ten (10) years beginning with your current or most recent employer (use additional pages, if necessary)

Company: _____ Address/Phone: _____
 Job Title: _____ Supervisor/Title: _____
 Duties: _____

Employed From: _____ To: _____ Salary _____ BEG. _____ END _____

Reason for Leaving: _____

Company: _____ Address/Phone: _____
 Job Title: _____ Supervisor/Title: _____
 Duties: _____

Employed From: _____ To: _____ Salary _____ BEG. _____ END _____

Reason for Leaving: _____

Company: _____ Address/Phone: _____
 Job Title: _____ Supervisor/Title: _____
 Duties: _____

Employed From: _____ To: _____ Salary _____ BEG. _____ END _____

Reason for Leaving: _____

Company: _____ Address/Phone: _____
 Job Title: _____ Supervisor/Title: _____

Duties: _____

Employed From: _____ To: _____ Salary _____ BEG. _____ END _____

Reason for Leaving: _____

Is there any additional information or use of another name so that we may check your work record with previous employers? Yes No Please provide details:

Please explain any gaps in your employment history:

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

If yes, please explain:

Have you ever been discharged or asked to resign? Yes No If yes, please explain (include by whom, when and for what):

List computer related skills (i.e. software pkgs, typing/wpm, etc.):

DRIVING RECORD:

Do you have a valid driver's license? Yes No What class license do you possess?
Driver's license number: _____

Have you ever had your license or driving privileges revoked, suspended, or placed on probation? Yes No If yes, please explain (include when, where and what action was taken):

List below all traffic violations (except parking) on your record for the last three (3) years and all motor vehicle accidents in which you were involved (use additional pages if necessary).

Date	Location	Description	Result

MILITARY EXPERIENCE

Were you in the U.S. Armed Forces? Yes No If yes, what branch?

Dates of Duty: From: _____ To: _____ Rank at Separation: _____

List experience and special education received in the military:

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

Name	Mailing Address	Occupation	Phone	Yrs. Known

Please state why you are interested in working with the YCC team? Specifically, the contribution you'd like to make in the position for which you are applying. Also, on a separate sheet, please describe your best and worst work experiences.

NOTICE TO APPLICANTS: Our Agency complies with the Americans with Disability Act of 1990. During the interview process, you may be asked questions concerning your ability to perform job-related functions. If you are given a conditional offer of employment, you may be required to complete a post-job offer medical history questionnaire and/or undergo a medical examination. If required, all entering employees in the same job category will be subject to the same medical questionnaire and/or examination and all information will be kept confidential and in separate files.

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 at any time after I am employed may result in my dismissal.

I hereby authorize YCC or an independent contractor 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 YCC all facts, opinions and evaluations concerning my previous employment and 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 YCC, including, but not limited to, any liability for defamation or invasion privacy.

If I am offered employment, I understand that such an offer will be conditional upon satisfactory results of background investigations, drug screen tests, reference check and driving history check. If then employed, I understand that I will have a ninety-day (90) provisional 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 provisional period, at the option of either YCC or myself. I understand that no supervisor or other representative of YCC other than the President of YCC 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 understand and voluntarily agree as a condition of my continued employment that I may be requested by YCC to submit to a urinalysis or other drug screen test for reasonable suspicion and, if appropriate, random testing. My refusal to take such test(s) when requested to do so or unsatisfactory test results will result in my immediate dismissal.

This application will remain active for forty-five (45) days. Any applicant wishing to be considered for employment beyond forty-five (45) days should reapply.

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

Date

Signature of Applicant

YCC is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, age, sex, religion, national origin, handicap or marital status. We assure you that your opportunity for employment with this agency depends solely upon your qualifications.

Voluntary Self-Identification

(CONFIDENTIAL – For Statistical Use Only)

We are an Equal Opportunity Employer and do not discriminate on the basis of race, color, religion, age, national origin, disability, veteran status, sexual orientation or any other classification protected by Federal, state, or local law. The information below will be used only in the compilation of data for Affirmative Action reporting.

Completion of this data is voluntary and will not affect your opportunity for employment, or terms or conditions of employment, if hired. Identification can be declared at any time prior to, or if applicable, after hire. Please return this form with your application.

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**PLEASE COMPLETE IN FULL:**

**Date:** \_\_\_\_\_ **Position Applied For:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Social Security #:** \_\_\_\_\_

**Sex:**  Female  Male **Date of Birth:** \_\_\_\_\_ **Applicant's Zip Code:** \_\_\_\_\_  
Month/Day/Year

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ETHNIC GROUP: Please check one of the descriptions below corresponding to the ethnic group with which you most identify.

- American Indian or Alaskan Native** – A person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Asian** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
- Black or African American** – A person having origins in any of the Black racial groups of Africa. Terms such as “Haitian” or “Negro” can be used in addition to “Black or African American.”
- Native Hawaiian or Other Pacific Islander** – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White** – A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- Hispanic or Latino (All races)** – A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
 - Hispanic or Latino (White race only)** – A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, and of the white race.
 - Hispanic or Latino (all other races)** – A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, and of race other than White.
- Race missing or unknown** – Applies to Applicants only, where a resume or application that is screened is received without any racial or ethnic identification and no further contact is made with the applicant.

Personal and Confidential

This page contains sensitive information, which is stored in a secure location, separately from personnel records.