

Wesley House Family Services Inc.
APPLICATION FOR EMPLOYMENT 2020
AN EQUAL OPPORTUNITY EMPLOYER
Please Print

PLEASE ANSWER ALL QUESTIONS. This application must be completed in its entirety. Resumes are not accepted in lieu of completion of this application. Resumes may be attached to this document. Note: This document was designed to be reviewed by Wesley House Family Services and its designated representatives and may be used with several types of positions.

APPLICANT INFORMATION

Position(s) applied for: _____ Are you over 18 years of age Yes No

Last Name (please print) First Middle

Present Street Address City/State Zip Code

Home Telephone Other Telephone Number

List Other Name or Alias Email Address

Only U.S. Citizens or aliens who have a legal right to work in the United States 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
(NOTE: You will be required to provide appropriate document(s) for completion of the I-9 at the time of employment)

Type of employment desired: Full-time Part-time Temporary Seasonal Educational Co-op
Will you work overtime if asked? Yes No
If required, are you able to work evenings? Yes No
If required, are you available to travel? Yes No
Are there any hours, shifts or days you will not work? Yes No If yes, explain _____

EDUCATION

Any education beyond high school must be verified by a copy of a diploma or certificate. Please attach to Application.

School	Name, Address, Zip	Yrs. Completed	Degree Earned	Major Course
High School				
College				
Graduate School				
Trade, Bus., Night or				

Correspondence				
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Honors Received: _____

SKILLS AND QUALIFICATIONS

Summarize any training, skills, licenses, and/or certificates that may qualify you as being able to perform job related functions in the position for which you are applying: _____

Are you fluent in languages other than English (please list and indicate if read, written or spoken)? _____

Did you earn the Child Protective Pre-Service Certification? Yes No If yes, list expiration date _____

Did you earn the Florida Licensed Social Worker Status? Yes No If yes, list expiration date _____

Did you earn the Florida Child Development Associate Credential? Yes No If yes, list expiration date _____

Did you earn the Florida Center Director Credential? Yes No If yes, list expiration date _____

Please attach credential or license certificate copies to application.

BACKGROUND INFORMATION A background screening will be performed for all successful applicants. This screening includes a FDLE/FBI fingerprint check, local background check and drug test.
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Have you ever been convicted of a felony or first-degree misdemeanor? Yes No If yes, answer information below

Date(s): _____

Type of conviction: _____

Location of incident: _____

Final Disposition: _____

Have you pled Nolo Contendere (no contest), or pled guilty or been found guilty of a crime which is a felony or a first-degree misdemeanor? (include all events even if adjudication was withheld) Yes No If yes, answer information below

Date(s): _____

Type of charge: _____

Location of incident: _____

Final Disposition: _____

Have you ever had a professional license revoked or suspended?

Yes No If yes, please explain: _____

DRIVER'S LICENSE AND INSURANCE INFORMATION

Drivers License (for Positions requiring): Do you have a valid driver's license? Yes No

If yes, Drivers License #: _____ (Class A B C D E) State _____ Expiration Date: _____

Have you received a moving violation(s) in the past three years? Yes No If yes, answer all information below:

Date(s): _____

Type of Infraction: _____

Location of Infraction: _____

Final Disposition: _____

Have you pled No Contendere (no contest), or pled guilty, or been found guilty of a moving violation which is a felony or misdemeanor? Yes No If yes, explain: _____

Has your driver's license ever been suspended, revoked or restricted? Yes No If yes, answer information below:

Date(s): _____

List Reason(s): _____

Type of suspension, revocation or restriction: _____

Final Disposition: _____

Do you have reliable means for transportation (which will enable you to be at work as required and transport children and families, as necessary)? Yes No If not, explain: _____

Do you currently have automobile insurance as required by the State of Florida? Yes No If no, explain: _____

Do you have a physical impairment that may affect your driving responsibilities? Yes No If yes, list and explain: _____

RELATIVES

Please list any relatives or friends who are employed by or serve on the Board of Directors of Wesley House Family Services and describe their relationship to you:

EMPLOYMENT EXPERIENCE LIST YOUR CURRENT AND LAST FOUR PREVIOUS EMPLOYERS (Most recent first). Account for all time Periods, including Unemployment, Self-Employment and Military Service. This section must be completed in addition to any attached resume.

Current Employer	Dates Employed		Immediate Supervisor
Address	From	To	Title
	Hourly Rate/Salary		Telephone Number
Job Title	Starting	Ending	
Work Performed			
Reason for Leaving			

Current Employer	Dates Employed		Immediate Supervisor
Address	From	To	Title
	Hourly Rate/Salary		Telephone Number
Job Title	Starting	Ending	

Work Performed
Reason for Leaving

Employer	Dates Employed		Immediate Supervisor
Address	From	To	Title
	Hourly Rate/Salary		Telephone Number
Job Title	Starting	Ending	
Work Performed			
Reason for Leaving			

Employer	Dates Employed		Immediate Supervisor
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Employer	Dates Employed		Immediate Supervisor
Address	From	To	Title
	Hourly Rate/Salary		Telephone Number
Job Title	Starting	Ending	
Work Performed			
Reason for Leaving			

Please provide an explanation for any lapses in your employment history: _____

Have you ever been discharged or asked to resign for any reason from any previous employment?

Yes No If yes, please explain: _____

I hereby authorize Wesley House Family Services to contact my previous five years of employment.

Signature

_____/_____/_____
Date

REFERENCES: Please provide 3 employment references of employment history covering the past five years

Name and Address	Telephone	Years Known	Relationship

APPLICANT'S STATEMENTS AND ACKNOWLEDGMENTS

- I certify that the answers provided are true and correct to the best of my knowledge. I authorize the investigations of all matters contained in this application and give Wesley House Family Services permission to contact schools, previous employers, personal references and others to verify the data I have supplied. I indemnify Wesley House Family Services from any claims or liability resulting from such inquiry. I understand that misrepresentations, omission of fact(s) or incomplete information may disqualify me for employment with Wesley House Family Services. I also understand that if employed, any misrepresentations or omission of fact(s) in this application will be cause for my dismissal at any time and without notice.
- I understand and agree, as a condition of continued employment, that I may be required to take a urinalysis screening for drugs and/or alcohol test or undergo blood testing as part of our pre-placement examination. All employees of Wesley House Family Services may be randomly tested for drug or alcohol use (Complete details of the Drug Free Workplace Policy will be provided upon employment).
- I agree to conform to the rules and regulations of the Wesley House Family Services, including an introductory probationary period. I understand that employment with the Wesley House Family Services is for no guaranteed period of time and may be terminated by Wesley House Family services or myself with or without notice.
- I acknowledge that any promises, policies, business practices, procedures or documents (including the Wesley House Family Services Personnel Policy and Procedure Manual that may be modified without notice by Wesley House Family Services) do not constitute an employee contract or modification of the at-will employment relationship between Wesley House Family Services and myself.
- Wesley House Family Services complies with the Americans with Disabilities Act of 1990 and is an Equal Opportunity Employer. During the interview process, you may be asked questions regarding your ability to perform job-related functions. If you are provided with 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.

- The application is valid for 90 days.
- Wesley House Family Services obtains a minimum of three written personal references during an employee's probationary period.

FAIR CREDIT REPORTING ACT NOTIFICATION

- You are notified that in connection with your application for employment (including contract for services) and/or active employment with Wesley House Family Services, a consumer report and/or investigative report, which may contain public record information, may be requested and/or made on you. This report may include consumer credit, criminal records, driving records, education history, prior employer verification and other information for the purpose of considering you for employment, promotion, reassignment or retention with Wesley House Family services.
- These reports may include information regarding your career experience along with reasons for termination of past employment information regarding your character, reputation, personal characteristics and/or mode of living and will be obtained from public or private record sources or through personal interviews. Information may also be requested from various Federal, State, local or other agencies.
- Before a consumer and/or investigative report are requested, you will be asked to complete a Disclosure and Consent Form. You will be provided the name and address of the consumer-reporting agency to which the request for information is being made. You will have the right to a complete disclosure of the nature and scope of the investigation and a written summary of your rights under the Fair Credit Reporting Act.

APPLICANT CONSENT AND SIGNATURE
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I authorize Wesley House Family Services and its designees, to use, release, disclose, re-disclose and/or to distribute this Employment Application or a copy thereof, to any and all currently identified and/or prospective lead agencies, provider networks, or other companies and/or organizations affiliated in part or in whole with Wesley House Family Services. I indemnify Wesley House Family Services and its designees from any and all claims or liability resulting from the use, release, disclosure, re-disclosure and/or distribution of this Employment Application.

Signature: _____ Date: _____

Wesley House Family Services is an equal employment opportunity employer. It is the policy of Wesley House Family Services to seek and employ qualified persons, to provide equal opportunities in all aspects of employment, and to administer all personnel activities in a manner that will not discriminate against any person because of race, sex, color, creed, religious persuasion, national origin, ancestry, marital status, political belief, physical or mental disability, pregnancy, military or veteran status, or age, gender or sexual orientation, or any other prohibited by law, be denied the benefits of, or be otherwise subjected to discrimination in, any program or activity of Wesley House Family Services.

AFFIRMATIVE ACTION FORM

Wesley House Family Services is an equal opportunity employer. Government Agencies require reports on status of applicants. This data is for analysis and affirmative action only. **Submission is voluntary.** Failure to supply this information will not jeopardize or adversely affect any consideration you may receive for employment, or later advancement in employment.

Sex: Male Female

Race/Ethnicity:

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.

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 (not Hispanic or Latino) - 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.

Two or More Races- All persons who identify with more than one of the above races.

Please identify where you learned about an employment opportunity with this organization.

- | | |
|--|--|
| <input type="checkbox"/> Newspaper ad | <input type="checkbox"/> Tech School/College Placement |
| <input type="checkbox"/> Employee Referral | <input type="checkbox"/> Temporary Service |
| <input type="checkbox"/> Recruiter | <input type="checkbox"/> State Employment Service |
| <input type="checkbox"/> Other _____ | |