

# Employment Application

(Pre-Employment Questionnaire)

- ❖ Equal Opportunity Employer / Affirmative Action Employer
- ❖ Children's Network of SW Florida, LLC does not tolerate violence in the workplace

GENERAL INSTRUCTIONS:	GENERAL INFORMATION:
<ul style="list-style-type: none"> <li>◆ Complete all information within this application in its entirety</li> <li>◆ Print in ink</li> <li>◆ All information provided will be a public record and will be released upon request, unless exempt or confidential</li> <li>◆ Specify the position for which you are applying</li> <li>◆ Sign and date this application prior to submitting</li> </ul>	<ul style="list-style-type: none"> <li>◆ Prior to employment, a pre-hire background check is required (FDLE/FBI, Local Law Enforcement and Driver's License Checks)</li> <li>◆ Children's Network participates in E-Verify (Employment Verification Eligibility)</li> <li>◆ Pre-employment drug screens are a requirement</li> </ul>

## PERSONAL INFORMATION

NAME (LAST NAME, FIRST NAME)			SOCIAL SECURITY NUMBER	
MAILING ADDRESS/PHYSICAL ADDRESS	APT #	CITY	STATE	ZIP CODE
HOME TELEPHONE NUMBER		CELL PHONE NUMBER		

## DESIRED EMPLOYMENT

DESIRED POSITION	DATE YOU CAN START	DESIRED SALARY RANGE
ARE YOU CURRENTLY EMPLOYED?	IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER?	
HAVE YOU WORKED FOR CHILDREN'S NETWORK OR CAMELOT BEFORE?	WHERE?	WHEN?
REASON FOR LEAVING		
NAME OF LAST SUPERVISOR AT THIS COMPANY		
HOW WERE YOU REFERRED TO CHILDREN'S NETWORK OF SOUTHWEST FLORIDA?	<input type="checkbox"/> EMPLOYMENT AGENCY	<input type="checkbox"/> NEWSPAPER Ad
<input type="checkbox"/> STATE EMPLOYMENT	<input type="checkbox"/> COLLEGE PLACEMENT SERVICE	<input type="checkbox"/> WALK-IN
	<input type="checkbox"/> OTHER (SPECIFY)	<input type="checkbox"/> FRIEND
ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB YOU ARE APPLYING FOR WITH OR WITHOUT ACCOMMODATIONS?		<input type="checkbox"/> YES <input type="checkbox"/> NO

## EDUCATION

HIGH SCHOOL	
Name /Location of School	Received: <input type="checkbox"/> Diploma <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> None

YOUR NAME, IF DIFFERENT WHILE ATTENDING SCHOOL:

COLLEGE, UNIVERSITY OR PROFESSIONAL SCHOOL: (TRANSCRIPTS MAY BE REQUIRED)							
NAME OF SCHOOL	LOCATION	DATES OF ATTENDANCE (MONTH/YEAR)		COURSE OF STUDY	TRAINING COMPLETED		DEGREE (IF APPLICABLE)
		From	To		Yes	No	

## LICENSURE, REGISTRATION, CERTIFICATION (EXAMPLES: TEACHER CERTIFICATION, CHILD PROTECTION PROFESSIONAL, RN, LPS, PE, CPA, ETC.)

LICENSE, REGISTRATION OR CERTIFICATION	Number	Date Received	Expiration Date	State Licensing Agency

**FORMER EMPLOYERS (STARTING WITH MOST RECENT ONE FIRST)**

<b>1</b> NAME OF PRESENT OR LAST EMPLOYER													
ADDRESS						CITY			STATE		ZIP		
START DATE	Month	Day	Year	END DATE	Month	Day	Year	JOB TITLE					
STARTING SALARY				FINAL SALARY				MAY WE CONTACT YOUR SUPERVISOR?				<input type="checkbox"/> YES	<input type="checkbox"/> NO
NAME OF SUPERVISOR					TITLE				PHONE				
DUTIES & RESPONSIBILITIES:													
REASON FOR LEAVING:													

<b>2</b> NAME OF NEXT PREVIOUS EMPLOYER													
ADDRESS						CITY			STATE		ZIP		
START DATE	Month	Day	Year	END DATE	Month	Day	Year	JOB TITLE					
STARTING SALARY				FINAL SALARY				MAY WE CONTACT YOUR SUPERVISOR?				<input type="checkbox"/> YES	<input type="checkbox"/> NO
NAME OF SUPERVISOR					TITLE				PHONE				
DUTIES & RESPONSIBILITIES:													
REASON FOR LEAVING:													

<b>3</b> NAME OF NEXT PREVIOUS EMPLOYER													
ADDRESS						CITY			STATE		ZIP		
START DATE	Month	Day	Year	END DATE	Month	Day	Year	JOB TITLE					
STARTING SALARY				FINAL SALARY				MAY WE CONTACT YOUR SUPERVISOR?				<input type="checkbox"/> YES	<input type="checkbox"/> NO
NAME OF SUPERVISOR					TITLE				PHONE				
DUTIES & RESPONSIBILITIES:													
REASON FOR LEAVING:													

<b>4</b> NAME OF NEXT PREVIOUS EMPLOYER													
ADDRESS						CITY			STATE		ZIP		
START DATE	Month	Day	Year	END DATE	Month	Day	Year	JOB TITLE					
STARTING SALARY				FINAL SALARY				MAY WE CONTACT YOUR SUPERVISOR?				<input type="checkbox"/> YES	<input type="checkbox"/> NO
NAME OF SUPERVISOR					TITLE				PHONE				
DUTIES & RESPONSIBILITIES:													
REASON FOR LEAVING:													

## KNOWLEDGE / SKILLS / ABILITIES (KSAs)

LIST KSAs THAT YOU POSSESS AND BELIEVE TO BE RELEVANT TO THE POSITION YOU SEEK, SUCH AS COMPUTER SKILLS, FLUENCY IN LANGUAGES, ETC.	
◆	◆
◆	◆
◆	◆

## EXEMPTION FROM PUBLIC RECORDS DISCLOSURE

ARE YOU A CURRENT OR FORMER LAW ENFORCEMENT OFFICER, OTHER COVERED EMPLOYEE**, OR THE SPOUSE OR CHILD OF ONE, WHOSE INFORMATION IS EXEMPT FROM PUBLIC RECORDS DISCLOSURE UNDER SECTION 119.071(4)(d), FLORIDA STATUTES (F.S.)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
**Other covered jobs include, but are not limited to: correctional and correctional probation officers, firefighters, certain judges, assistant state attorneys, state attorneys, assistant and statewide prosecutors, personnel of the Department of Revenue or local governments whose responsibilities include revenue collection and enforcement or child support enforcement, and certain investigators in the Department of Children and Families [see§ 119.071.F.S.]	

## REFERENCES (Please provide at least three (3) professional and (3) personal references that you have known at least one year, preferably individuals with whom or for whom you have worked)

	NAME	RELATIONSHIP TO YOU	YEARS ACQUAINTED	TELEPHONE NUMBER
<b>PROFESSIONAL REFERENCES (1 – 3) THESE REFERENCES WILL NEED TO BE ADDED TO THE REFERENCE CHECK &amp; RELEASE FORMS</b>				
1				
2				
3				
<b>PERSONAL REFERENCES (4 – 6) (i.e. Co-workers, long-term friends, Pastors, Professors, Etc.)</b>				
4				
5				
6				

## SERVICE RECORD

BRANCH OF SERVICE	DISCHARGE DATE	DISCHARGE RANK
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## BACKGROUND INFORMATION

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR A FIRST DEGREE MISDEMEANOR?		<input type="checkbox"/> YES <input type="checkbox"/> NO
IF "YES", WHAT CHARGES?		
WHERE CONVICTED?	DATE OF CONVICTION:	
HAVE YOU EVER PLED NOLO CONTENDERE OR PLED GUILTY TO A CRIME WHICH IS A FELONY OR A FIRST DEGREE MISDEMEANOR?		<input type="checkbox"/> YES <input type="checkbox"/> NO
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?		<input type="checkbox"/> YES <input type="checkbox"/> NO
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 §112.001.F.S.]		

## CITIZENSHIP

<b>The Children's Network of Southwest Florida hires only U.S. Citizens and lawfully authorized alien workers. You will be required to provide identification and either proof of citizenship or proof of authorization to work in the U.S.</b>	
1. ARE YOU A U.S. CITIZEN?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. IF NO, ARE YOU LEGALLY AUTHORIZED TO ACCEPT EMPLOYMENT WITH THE SPECIFIC HIRING AUTHORITY TO WHICH YOU ARE APPLYING?	<input type="checkbox"/> YES <input type="checkbox"/> NO

## RELATIVES

<b>The Children's Network of Southwest Florida hires only U.S. Citizens and lawfully authorized alien workers. You will be required to provide identification and either proof of citizenship or proof of authorization to work in the U.S.</b>	
TO YOUR KNOWLEDGE, DO YOU HAVE ANY RELATIVES WORKING IN THIS AGENCY?	<input type="checkbox"/> YES <input type="checkbox"/> NO

## DISCHARGE/RESIGNATION

HAVE YOU EVER BEEN DISCHARGED FROM ANY EMPLOYMENT OR ASKED TO RESIGN? IF YES, PLEASE EXPLAIN:	<input type="checkbox"/> YES <input type="checkbox"/> NO

## AUTHORIZATION

<p>I authorize investigation of all statements contained herein. 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.</p> <p>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 personnel staff and other authorized employees of Children's Network of Southwest Florida for employment purposes. This consent shall continue to be effective during my employment if I am hired. I release the company from all liability for damage that may result from use of such information.</p> <p>I also understand and agree that no representative of Children's Network of Southwest Florida, LLC, has any authority to enter into any agreement for employment for any specified period of time or to make agreement contrary to the foregoing unless it is in writing and signed by an authorized company representative. Employment at Children's Network of Southwest Florida, LLC, is, at all times, strictly at-will, and employment can be terminated at any time by either party.</p> <p>I understand that applications submitted for Children's Network Employment are public records. 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.</p>	
SIGNATURE:	DATE: