



APPLICATION FOR EMPLOYMENT

Big Bend Community Based Care, Inc. is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis, including race, color, age, religion, sex, national origin, handicap, disability, marital status or veteran status.

Date: _____ Social Security Number: _____ / _____ / _____
 Name: _____ Are you 18 years or older? Yes No
Last First Middle How long have you lived in this area? _____
 Present Address: _____
Street City County State/Zip
 Previous Address: _____
Street City County State/Zip
 Home Telephone No.: (____) _____ Referred by: _____
 Driver's License No. and State: _____

If anyone related to anyone who works for Big Bend Community Based Care, Camelot Community Care, Children's Home Society of Florida or Disc Village, Inc. , state name and location:

May we contact your present employer? Yes No May we contact your previous employer? Yes No
 Please identify any exceptions and give reasons for not contacting present or previous employers: _____

Position(s) for which you are applying: _____ Date you can start: _____
 Rate of pay desired: \$ _____ per _____

EDUCATION

	School and Location	Years Completed	Graduation	Degree and Field of Concentration
High School/GED Or Preparatory			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business or Other Training				

Field Work Placements (dates and agencies): _____

Please complete application in its entirety. Resumes are not accepted in lieu of completed application form.

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

If yes, please 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, or entered a pre-trial intervention program? Yes No

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

EXPERIENCE

List below previous employers and salary history during the last ten years beginning with your current or most recent employer:
(Use additional pages if necessary)

Date Month & Year	Hours Worked	Name, Address and Telephone No. Of Employer	Kind of Organization, Position Held, and Name of Supervisor	Ending Salary	Reason for Leaving
From: _____ To: _____	<input type="checkbox"/> F/T <input type="checkbox"/> P/T Average No. Of Hours Worked: _____				
From: _____ To: _____	<input type="checkbox"/> F/T <input type="checkbox"/> P/T Average No. Of Hours Worked: _____				
From: _____ To: _____	<input type="checkbox"/> F/T <input type="checkbox"/> P/T Average No. Of Hours Worked: _____				
From: _____ To: _____	<input type="checkbox"/> F/T <input type="checkbox"/> P/T Average No. Of Hours Worked: _____				
From: _____ To: _____	<input type="checkbox"/> F/T <input type="checkbox"/> P/T Average No. Of Hours Worked: _____				

Did you work for any of these employers under a different name? Yes No

If yes, which employer(s) and under what name(s): _____

Please explain any gaps in your employment history: _____

Have you received any written reprimands or disciplinary suspensions 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): _____

DRIVING RECORD: (If probability of driving a company vehicle or on company business exists for the position in which you are applying):

Are you able to travel if a job requires it? Yes No Do you have a valid driver's license? Yes No

What class of license do you possess? _____

Have you had a suspension or probation of your license within the last three (3) years? Yes No

How many speeding or other moving violations have you received in the last three (3) years? _____

List below all other traffic violations (except parking) on your record for the last three (3) years and all accidents for which you are responsible:
(Use additional page if necessary)

DATE	LOCATION	DESCRIPTION	RESULT

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

NAME	COMPLETE MAILING ADDRESS	DAYTIME TELEPHONE	YEARS AQUAINTED
1. _____			
2. _____			
3. _____			

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 or provided in the hiring process including but not limited to any preliminary screening applications, applications completed or information submitted or provided to Big Bend Community Based Care, Inc. ("BBCBC") which is discovered at any time after I am employed may result in my dismissal.

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

If I am offered employment by BBCBC I understand that such an offer will be conditioned upon satisfactory results of a background investigation and/or agency medical examination or inquiry, including a drug screen test. If then employed, I understand that I will be required to serve a probationary 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 probationary period, at the option of either my employer or myself. I understand that no supervisor or other employer representative other than the CEO 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 further understand and voluntarily agree as a condition of employment or my continued employment, that I may be requested by BBCBC to submit to a urinalysis or other drug screen test and that my failure to take such test(s) when requested to do so or unsatisfactory test results will disqualify me from consideration for employment, or if I am then employed, may result in my immediate dismissal.

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

Date

Signature of Applicant