



EMPLOYMENT APPLICATION

Notice to all applicants:

Please read before completing application

Neighborhoodly Care Network is an Equal Opportunity Employer

Neighborhoodly Care Network extends equal employment opportunities to all people without regard to race, color, creed, sex, age, religion, handicap, disability, national origin, political affiliation, marital status, veteran status or citizenship status, as required by law. Neighborhoodly Care Network also reasonably accommodates individuals with handicaps, disabilities and bona fide religious beliefs.

Neighborhoodly Care Network is a Drug and Smoke-Free workplace

Neighborhoodly Care Network reserves its employer right to ensure a DRUG FREE WORKPLACE. Final candidates for all positions are asked to participate in DRUG TESTING and will receive oral and written orientation to the Agency's drug and alcohol policy before beginning work. Such prospective employees are required to complete and sign a release to signify their understanding and willing participation with the provision of the policy.

Immigration Reform Law

The Immigration Reform Law requires employees to verify their eligibility to work in this country. New employees are required to present certain documents establishing employment authorization and identity upon hiring.

**Please print and complete this application form in full.
If an area is not applicable to you, mark it with N/A.
Only complete applications will be considered.**

EMPLOYMENT APPLICATION

Position applied for: _____ Date: _____

(This application expires 30 days after the above date)

Personal Data:

Last Name	First Name	Middle Initial	Social Security Number	
Street Address	City	State	Zip	
()	()			
Phone	Cell Phone	Email		

When are you able to begin employment? _____

If you are under 18 and it is required, can you furnish a work permit? Yes No

If no, please explain: _____

Have you ever applied for employment or worked here before? Yes No

If yes, provide date(s): _____

List any relatives currently employed here: _____

Are there any days, shifts or hours that you will not work? Yes No

If yes, please explain? _____

Will you work more hours than regularly scheduled, if required? Yes No

Can you, within three days after employment, submit documentation verifying that you are legally eligible to work in the United States? Yes No

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime, including sex- related or child abuse related offenses in any state or county. Yes No

If yes, please provide date(s) and details _____

ANSWERING "YES" TO THESE QUESTIONS DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT, FACTORS SUCH AS DATE OF THE OFFENSE, SERIOUSNESS AND NATURE OF THE VIOLATION, REHABILITATION AND POSTION APPLIED FOR WILL BE TAKEN INTO ACCOUNT.

Employment History:

List all employers within the past 10 years. If you need additional space, use the back of this page.

Company Name: _____ Telephone # _____

Street Address: _____ Job Title: _____

City/State/Zip: _____ Supervisor: _____

Employment Dates: From _____ To _____
Month/Year Month/Year

Hourly Weekly Monthly Annually Start \$ _____ Final \$ _____

Briefly Describe Job Duties: _____

Reason for Leaving: _____

If you are currently employed here, may we contact this reference? Now Later

Company Name: _____ Telephone # _____

Street Address: _____ Job Title: _____

City/State/Zip: _____ Supervisor: _____

Employment Dates: From _____ To _____
Month/Year Month/Year

Hourly Weekly Monthly Annually Start \$ _____ Final \$ _____

Briefly Describe Job Duties: _____

Reason for Leaving: _____

Company Name: _____ Telephone # _____

Street Address: _____ Job Title: _____

City/State/Zip: _____ Supervisor: _____

Employment Dates: From _____ To _____
Month/Year Month/Year

Hourly Weekly Monthly Annually Start \$ _____ Final \$ _____

Briefly Describe Job Duties: _____

Reason for Leaving: _____

Please account for any gaps in your employment history? _____

List any work related skills, training or experience you believe would be relevant to the position you are applying for: _____

Have you signed a non-compete agreement with any other employer that restrict you from working for this agency? Yes No

If yes, please explain: _____

Education:

A. List last three (3) schools attended, starting with the most recent. **B.** List number of years completed. **C.** Indicate degree or diploma earned, if any. **D.** Grade Point Average or Class Rank. **E.** Major field of study. **F.** Minor field of study (if applicable)

A. School	B. Number of Years Completed	C. Degree Diploma	D. GPA Class Rank	E. Major	F. Minor

RN, LPN, CDL, C.N.A. or other Licenses or Certifications #: _____ State: _____ Year: _____

Driving Record:

(May or may not be considered depending on the position applied for)

Do you have a valid driver's license? Yes No

State Where Issued: _____ License Number: _____

Do you have a Commercial Driver's License? Yes No

Have you had any tickets in the past three years? Yes No

If yes, please explain: _____

Has your license ever been suspended or revoked? Yes No

If yes, please explain: _____

Do you have any DUI or DWI convictions? Yes No

If yes, please explain: _____

Do you have a reliable form of transportation to work? Yes No

If yes, please explain: _____

Applicant's Acknowledgement

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (a) cancel further consideration of this applications, or (b) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume' or job interview. I hereby waive any all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no questions on this application are used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. If I have not heard from the employer within 30 days and still wish to be considered for employment, it will necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurance to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States. I also understand that payment by direct deposit is company policy and a prerequisite for hiring. I understand that I must provide a bank account number for direct deposit purposes prior to being hired.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature _____

Date _____



PLEASE FAX BACK TO (727) 572-8214

Former Employer Reference Request – to be signed by applicant

(Applicant to complete only the top section of this form)

I have applied to Neighborhoodly Care Network for employment for the position of _____, I, therefore, request that you disclose and release to Neighborhoodly Care Network any information in your possession about me. I hereby release you from any and all liability of damages for providing the information requested.

Signature of Applicant _____ Date _____

Printed Name of Applicant _____ SS # _____

To be completed by former employer:

Good Faith Disclosure of Information – Florida Statutes, Section 768.095, is created to read: An employer who discloses information about a former employee’s job performance to a prospective employer of the former employee upon request of the prospective employer or of the former employee is presumed to be acting in good faith and, unless lack of good faith is shown by clear and convincing evidence, is immune from civil liability for such disclosure or its consequences. For purposes of this section, the presumption of good faith is rebutted upon a showing that the information disclosed by the former employer was knowingly false or deliberately misleading, was rendered with malicious purpose, or violated any civil right of the former employee protected under Chapter 760.

Company Name: _____

Former Employee’s Job Title: _____

Dates of Employment: From _____ To _____ Final Pay Rate: _____

Overall Performance Satisfactory: Yes No

Separation from your organization was: Voluntary Involuntary

Reasons for leaving: _____

Did the applicant receive any discipline during the last 12 months of active employment? Yes No

If yes, describe the discipline assessed: _____

Is this applicant eligible for rehire? Yes No

If “No”, please explain: _____

Other Comments: _____

Signed _____ Date _____

Title _____



Neighborhoodly Care Network

STATEMENT OF UNDERSTANDING FOR PRE-EMPLOYMENT DRUG TESTING

I understand that a urine drug screen is a pre-requisite to employment. Additionally, I understand that I may be required during my employment to undergo future urine drug screens, as the agency deems necessary and that my refusal to take a drug test will terminate my employment with Neighborhoodly Care Network. I understand that at the time of any such urinalyses, I will be required to execute all forms of consent and release of liability as are usually and reasonably attendant to such examinations. Finally, I understand that the results of any such examinations shall be made available to the Agency, its supervisory employees, or agents, as required by Neighborhoodly Care Network Human Resources.

The undersigned states that he or she has read and fully understands the above statement and signs this statement of his or her own free will.

Signature

Date



Employee Criminal Background Check Release and Consent

I understand that Neighborly Care Network will conduct a Criminal Background check prior to my formal offer of employment. Therefore, I consent to a Level 2 screening which includes fingerprinting.

If the results of the background check are unfavorable, I understand that Neighborly Care Network can rescind their verbal offer of employment.

I have read this Release and Consent. I understand its terms, and I am signing it voluntarily.

_____	_____	_____	_____
Last Name	First	Full Middle	Maiden Name(s)

_____	_____	_____	_____
Street Address	City	State	Zip

_____	_____	_____	_____
Race	Male/Female	Date of Birth	Social Security #

_____	_____	_____
Place of Birth	Height	Weight

_____	_____	_____	_____
Drivers License#	Issuing State	Eye Color	Hair Color

_____	_____
Home Phone	Cell Phone

Signature: _____ Date _____

Application Review Check List To Be Completed By Manager Reviewing Application

Applicant Name: _____ Date: _____

Position Applied for: _____

Application Criteria	Meets Criteria	Fails to Meet Criteria	Comments
Applicant is at least 18 years old or age meets child labor laws.	<input type="checkbox"/>	<input type="checkbox"/>	
Can work all days, shifts, and hours. (unless religious, handicap or disability restrictions.)	<input type="checkbox"/>	<input type="checkbox"/>	
Can start work when needed.	<input type="checkbox"/>	<input type="checkbox"/>	
Can produce documents verifying work eligibility in U.S.	<input type="checkbox"/>	<input type="checkbox"/>	
Work experience requirement for position applied for:	<input type="checkbox"/>	<input type="checkbox"/>	
No unexplained or unacceptable gaps in employment history.	<input type="checkbox"/>	<input type="checkbox"/>	
Education (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	
RN, LPN, CDL, C.N.A. license or certificate (if applicable).	<input type="checkbox"/>	<input type="checkbox"/>	
Valid driver's license (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	
Valid commercial driver's license (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	
No serious traffic citations (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	
Applicant accurately and completely answered all questions on application and signed application.	<input type="checkbox"/>	<input type="checkbox"/>	
Applicant signed <i>authorization for release of information</i> form.	<input type="checkbox"/>	<input type="checkbox"/>	

Application Forms Reviewed By: _____

Date: _____

Interview Report

To Be Completed By Position's Supervisor/Interviewer

Applicant Name: _____ Date: _____

Position: _____ Supervisor/Interviewer _____

Date Application Reviewed: _____

Criteria (based on job description)	Meets Criteria	Fails to Meet Criteria	Comments
Essential Job Skills	<input type="checkbox"/>	<input type="checkbox"/>	_____
Essential Job Experience	<input type="checkbox"/>	<input type="checkbox"/>	_____
Demeanor/Attitude	<input type="checkbox"/>	<input type="checkbox"/>	_____
Essential Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other Information	<input type="checkbox"/>	<input type="checkbox"/>	_____

Applicant asked to explain how he/she can perform essential functions of the job applied for based on the job description: Yes No

Applicant's Explanation: _____

Applicant recommended for further consideration: Yes No

Reasons: *(State why the applicant is or is not suitable for this position)* _____

>>>>Recommendation for Employment<<<<< To Be Completed by Service Directors

Start Date: _____ Dept: _____ Position: _____

Salary: \$ _____/Hr. _____/Hour Week. With Benefits _____ Without Benefits _____

Recommended By: _____ Date: _____
Supervisor's Signature

Recommended By: _____ Date: _____
Project/Department Director

Recommended By: _____ Date: _____
Director of Human Resources

Voluntary and Anonymous Questionnaire

In accordance with equal employment opportunity laws, Neighborly Care Network is required to maintain statistical data on all applicants. Therefore, we ask you to voluntarily complete this form and return it with your application for employment. You are not required to complete this form to be considered for employment with Neighborly Care Network. This information will not be considered or used in any manner in the selection of employees. Because this questionnaire is anonymous, please DO NOT sign your name.

Position Applied for _____ Date _____

PLEASE CHECK ALL BOXES THAT APPLY TO YOU

EEO Self-Identification

GENDER

- Male
- Female

RACE/ETHNICITY

- American Indian or Alaska Native (Not Hispanic or Latino)
- Asian (Not Hispanic or Latino)
- Black or African American (Not Hispanic or Latino)
- Hispanic or Latino
- Native Hawaiian or Pacific Islander (Not Hispanic or Latino)
- White (Not Hispanic or Latino)
- Two or more races (Not Hispanic or Latino)

Veteran Status – (Skip this section if you have no military service)

- Special Disabled Veteran
- Disabled Veteran
- Vietnam Era Veteran
- Recently Separated Veteran
- Armed Forces Service Medal Veterans
- Other Protected Veteran

Presence of Disability

Do you have a physical or mental disability that substantially impairs one or more major life activities?

- Yes
- No

End of Applicant's part of Employment Application