



EMPLOYMENT APPLICATION

6428 Parkland Drive Sarasota, FL 34243
Phone 941-827-2887
Fax 941-827-3001

Dear Applicant;

Thank you for your interest in a position with MCAA.

Please take the time and fill out the application completely.

****Teaching Staff**** Please include copies of your degree(s), transcripts, recent training certificates or any other credentials you hold with your application. We will not schedule an interview without this documentation.

All other applicants- please include a copy of your high school diploma or GED; or degree(s) and transcripts if required for the position you are applying for.

Good Luck!!

Manatee Community Action Agency
6428 Parkland Drive
Sarasota, Florida 34243

EMPLOYMENT APPLICATION

Position applying for: _____ **Application date:** _____

How were you referred to us? Advertisement Friend Relative Walk-In Agency Other _____

As an employer, we appreciate your taking the time to fill out this application. It is important that all questions be answered completely and accurately. In filling out this form, if there is insufficient space to complete the answer, please continue on a separate piece of paper. We are an EQUAL OPPORTUNITY EMPLOYER, and we comply with applicable federal, state and local laws, which prohibit discrimination against qualified applicants and employees.

Please print or write neatly / Circle yes or no

PERSONAL INFORMATION

Full name _____
(Please use complete names rather than initials. No nicknames!)

SS# _____

Have you ever used another name for work or school? yes no If yes, please state name (s), dates and circumstances: _____

Present address: _____
Street address City State Zip

Permanent address (if any) _____
Street address City State Zip

Present work phone: _____ Home/Cell phone _____ Email address: _____

Have you been employed by us before? yes no If yes: Dates _____ Supervisor's name _____

Do you have any relatives currently in our employ? yes no If yes, please list them: _____

Date you are available to begin work: _____

Is your availability for work limited? yes no If yes, please indicate which hours and days of the week you are unavailable: _____

Are you willing to work flexible hours, which could include weekends and/or overtime? _____

Do you plan to engage in other work while in our employ? yes no If yes, please describe the work, as well as the hours and days of the week involved: _____

Do you know of any reason why you cannot perform the essential functions of the job for which you are applying with or without reasonable accommodation? yes no If yes, explain: _____

Are you willing to travel? Yes no If yes, how much? _____

Do you speak, read or write a language other than English? Yes no If yes, please specify: _____

Have you been in the United States military service? Yes no If yes, please state dates of service: _____

Nature of duty or training: _____

Highest rank held _____ Rank at time of discharge _____ Are you a member of the military reserves? Yes no

Personal Information continued from previous page

Notify in case of emergency: Name _____ Relationship _____

Address _____ Work phone _____ Home phone _____

Do you smoke cigarettes, cigars or pipes? Yes no Do you use illegal drugs (such as marijuana, cocaine, heroin, crack, speed, LSD, etc.)? yes no Are you willing to be tested for current use of illegal drugs? Yes no

Criminal convictions do not bar consideration for employment. Factors such as age at time of conviction, length of time since offense, seriousness of offense rehabilitation will be considered.

Have you ever entered a plea of guilty or nolo contendere to been found guilty of, or been convicted of a felony, irrespective of an order granting probation or suspending the imposition of sentence? Yes no If yes, please list below all misdemeanors and felonies (other than parking tickets and minor driving violations). You may be asked to verify any criminal record.

| Year | Location (city and state) | Type of crime |
|-------|---------------------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Are you currently on probation or parole for any conviction? Yes no If yes, please specify: _____

EDUCATION

| Name and location of school | Circle year completed | Did you graduate? | Degree(s) received or subject(s) studied |
|---|-----------------------|-------------------|--|
| Grade School _____ | 1 2 3 4 5 6 7 8 | _____ | _____ |
| High School _____ | 9 10 11 12 | _____ | _____ |
| College _____ | 1 2 3 4 5 6 | _____ | _____ |
| Trade, business _____ Or vocational school | 1 2 3 4 | _____ | _____ |

Academic honors or awards received _____

Must submit certified transcript of highest degree achieved.

LICENSES AND CERTIFICATIONS Do you have any professional or vocational licenses (real estate, plumbing, electrician, air conditioning, pest control applicator, etc.) or certifications (such as CAM, CAMT, CAPS, PLP or CPM)? Yes No
If yes, please describe below:

| Type of license or certification | From what city, state agency or organization | Date issued | License number |
|----------------------------------|--|-------------|----------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Have you ever had a license or certification (if any) revoked, suspended or curtailed? Yes No If yes, please explain: _____

OTHER QUALIFICATIONS Please state any other information about your personal qualities, work skills, or other abilities, which would assist us in considering you (including strengths, weaknesses, goals, etc.)

REFERENCES

| Name | City and State | Phone | Occupation | Years Known |
|-------|----------------|-------|------------|-------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

EMPLOYMENT HISTORY We routinely contact an applicant's current and previous employers for reference checks. Are you currently employed? Yes No May we contact your current employer at this time: Yes No If no, please explain: _____

(Permission to contact your current employer will be required after a conditional offer of employment is made.)

Please attach a copy of any employment recommendation letters, which relate to the job for which you are applying.

Please provide below your complete work history for the preceding five employers or past 5 years, whichever is greater.

Current or last employer

Name: _____ Phone: _____

Address: _____ From: _____ To: _____

Position and duties: _____

Salary (beginning) \$ _____ (ending) \$ _____ Supervisor's name: _____

Reason for leaving: _____

Next previous employer

Name: _____ Phone: _____

Address: _____ From: _____ To: _____

Position and duties: _____

Salary (beginning) \$ _____ (ending) \$ _____ Supervisor's name: _____

Reason for leaving: _____

Next previous employer

Name: _____ Phone: _____

Address: _____ From: _____ To: _____

Position and duties: _____

Salary (beginning) \$ _____ (ending) \$ _____ Supervisor's name: _____

Reason for leaving: _____

Next previous employer

Name: _____ Phone: _____

Address: _____ From: _____ To: _____

Position and duties: _____

Salary (beginning) \$ _____ (ending) \$ _____ Supervisor's name: _____

Reason for leaving: _____

Other employment history information

Please explain all periods of unemployment between the above jobs: _____

Have you ever been terminated from employment or asked to resign by any employer? Yes No If yes, please explain: _____

DRIVING RECORD If you are applying for a position, which involves driving on the job, please answer the following questions. Can you safely drive a vehicle? Yes No Do you have a valid, unexpired state driver's license? Yes No If yes, please state your current driver's license number _____ Expiration date _____ Issuing state _____ State all restrictions listed on your driver's license _____ Has your driver's license been revoked or suspended in the past five years? Yes No If yes, please explain: _____ List all traffic violations (other than parking tickets) for which you were convicted during the past five years.

| Year | Nature of violation | Location (city and state) |
|-------|---------------------|---------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

MCAA requires that its driving employees carry personal liability insurance coverage on their vehicles. Do you have such coverage Yes No Policy Expiration Date: _____

ILLEGAL DRUGS AND MEDICAL EXAM The job you are applying for requires reliable attendance and dependable performance during the contemplated work hours. You will be asked to take a test for illegal drugs before or after any offer of employment is made. If a conditional offer of employment is made, you may be asked to take a job-related medical examination.

NOTE TO APPLICANT: Complete this page *after* completing the first four pages of the Application for Employment.

**AUTHORIZATION
BY EMPLOYMENT APPLICANT**

Employer's name _____ Date _____

Applicant's full name _____
(Please use complete names rather than initials. No nicknames)

As the Applicant named above, I authorize Employer and/or its agents to:

1. Obtain verification of any information provided by me in this employment application and in any supplemental questionnaire, exhibit, resume, or biographical sheet submitted by Applicant
2. Obtain information regarding my work habits and skills from my past and present employers, as well as listed or developed references or institutions
3. Obtain information from law enforcement and other governmental agencies, military authorities, and private companies concerning my conduct, including traffic and criminal violations.
4. Obtain information from educational institutions concerning my educational record, conduct and skills and
5. Obtain information concerning my credit history from credit reporting agencies, financial institutions and other sources.

I further authorize all institutions, agencies, companies or persons referred to above, to give Employer and/or its agents all information requested. Under the federal Fair Credit Reporting Act, I understand that I am entitled to know if employment is denied because of information obtained by Employer from a consumer reporting agency. I understand that I will be so advised and given the name of the reporting agency for more information. I release Employer and all other parties from any claims, liabilities and damages resulting from obtaining or furnishing information. A copy of this authorization and release shall be as valid as the original.

I understand that I may be asked to sign a separate authorization form prior to any testing for illegal drugs.

I understand that if I receive a conditional offer of employment, I may be asked to sign a separate authorization form prior to any job-related medical examination.

Applicant's Signature

Social Security Number

Applicant's Printed Name

Driver's License Number

Street Address

State Issuing Driver's License

City/State/Zip Code

NOTE TO APPLICANT: Complete this page after completing the first five pages of the Application for Employment

**CERTIFICATION
BY EMPLOYMENT APPLICANT**

For purposes of this certification, the term "application" includes this employment application form and any supplemental questionnaire, exhibit, resume, or biographical sheet submitted by Applicant.

I certify that all information given on this application is true, correct, and complete. I have accounted for all of my work experience, training, and other information requested on this application. I have not withheld any fact or circumstance, which is covered by this application.

I understand that any false, misleading, or incomplete information on this application will result in rejection of my application or termination of my employment whenever discovered.

I understand that I may be asked to take job-related written tests and skill tests (if applicable) for the position for which I am applying. If I refuse to be tested, I understand that I will not be further considered for employment.

If I am considered for employment, I authorize any inquiry to be made about any information contained in this application. I agree to furnish additional information as may be requested; and I authorize Employer and agencies or companies of Employer's choice to investigate all information on this application. I release Employer and all other parties from any claims, liabilities, and damages resulting from obtaining or furnishing such information.

I understand that before or after receiving any offer of employment, I may be asked to submit to testing for illegal drugs by a firm that is chosen and paid for by Employer. I understand that the reason for such testing is that Employer endeavors to operate its business in a safe manner for all employees, customer, tenants, visitors and/or guest. The results of such testing will be communicated to Employer or its agents. If I refuse to be tested or if I test positive for illegal drugs, I understand that I will not be further considered for employment.

If I receive a conditional of employment, I understand that I may be asked to have a job-related medical examination performed by a medical practitioner who is chosen and paid for by Employer. The results of such examination will be communicated to Employer or its agents. If I refuse to submit to such job-related medical examination, I understand that I will not be further considered for employment.

If I am employed, I understand that I will be asked to sign a federal I-9 form and to provide positive proof of my identity and verification of my right to live and work in the U.S.A

If I am employed, I agree to abide by Employer's rules, procedures, and policies as modified from time to time, including any drug-free workplace policies. I understand that the job being applied for requires reliable attendance and dependable performance during the contemplated working hours. I understand that if I am employed, I may be required to work various shifts and schedules as directed by my supervisor. I understand that any employment is subject to change in wages, conditions, benefits and operating policies. I understand that if I am employed, such employment will be for an indefinite period and can be terminated at any time by Employer or myself, without notice and without cause.

I understand that this is an application only and that it does not constitute an offer or an employment contract.

Date _____

Applicant's Signature _____

Applicant's Printed Name _____

MANATEE COMMUNITY ACTION AGENCY, INC

CHILD CARE APPLICANT'S STATEMENT

❖ REQUIRED BY S. 402.3055 (1) (B), FLORIDA STATUTES TO BE ASKED AT TIME OF APPLICATION FOR A CHILD CARE PERSONNEL POSITION:

Have you ever worked in a facility that has had a license denied, revoked, or suspended in any state or jurisdiction or has been the subject of a disciplinary action or been fined while employed in a child care facility.

YES NO

Signature of Applicant

Date

The applicant shall attest to the accuracy of the information requested under penalty of perjury.