



FIRST CALL FOR HELP OF BROWARD, INC.

(An Equal Opportunity Employer)

Application For Employment

The Civil Rights Act of 1964 prohibits discrimination in employment practice because of race, color, religion, sex or national origin. PL 90-202 prohibits discrimination because of age.

(Please Print Clearly)

Date of Application _____ Position Applied For _____

Name _____
Last First Middle

Address _____
Street Address City State Zip

Length of residence in the area _____ Phone# _____
Years Months

Indicate employment options you will consider: Full-time Part-time Temporary

Salary expected: _____ Date available to start _____

Are you able to work evenings or weekends as necessary? _____

Do you have the legal right to remain permanently & work in the United States? Yes No

Were you previously employed by this organization? Yes No

List any relatives employed by this organization: _____

Do you currently have secondary employment? Yes No

If yes, describe employment including days/hours: _____

Will you need any special accommodations and/or equipment to perform the tasks associated with the position for which you are applying? _____ If yes, describe _____

Do you possess a valid Florida Driver's License? Yes No

What languages do you speak and/or write fluently? _____

Have you ever been convicted of a crime? (Conviction will not necessarily disqualify an applicant) Yes No

If you have ever had a judicial disposition of guilt, adjudication withheld, or entered a plea of nolo contendere or guilty, please check yes above

Please explain the details of the conviction: _____

Personal References: (List three – local area if possible)

1. Name: _____ Years Known: _____
 Address: _____
 City, State, Zip Code: _____ Phone Number _____

2. Name: _____ Years Known: _____
 Address: _____
 City, State, Zip Code: _____ Phone Number _____

3. Name: _____ Years Known: _____
 Address: _____
 City, State, Zip Code: _____ Phone Number _____

RECORD OF EDUCATION

Type of School	Name and Address of School	Course of Study	Circle Last Year Completed	Did you Graduate?	List Diploma or Degree
High	_____	_____	1 2 3 4		

College	_____	_____	1 2 3 4		

Other (specify)	_____	_____	1 2 3 4		

Have you had experience in the social service field? ____ Describe: _____

Are there any experiences, skills, or qualifications which you feel would especially fit you for this position with our agency? _____

What office equipment are you experienced with using? _____

What computer hardware and/or software are you experienced at using? _____

Are you presently employed? Yes No If yes, why are you considering employment with this organization? _____

Please list below all present and past employment beginning with the most recent.

1) Name of Employer _____	Supervisor	Employment Dates	Pay or Salary
Address: _____	_____	From _____	Start _____
City, State, ZIP _____	Name	To _____	Final _____
	Phone Number		

Describe in detail the position you held and the duties you performed.

Reason for leaving (be specific)

2) Name of Employer _____	Supervisor	Employment Dates	Pay or Salary
Address: _____	_____	From _____	Start _____
City, State, ZIP _____	Name	To _____	Final _____
	Phone Number		

Describe in detail the position you held and the duties you performed.

Reason for leaving (be specific)

3) Name of Employer _____	Supervisor	Employment Dates	Pay or Salary
Address: _____	_____	From _____	Start _____
City, State, ZIP _____	Name	To _____	Final _____
	Phone Number		

Describe in detail the position you held and the duties you performed.

Reason for leaving (be specific)

4) Name of Employer _____	Supervisor	Employment Dates	Pay or Salary
Address: _____	_____	From _____	Start _____
City, State, ZIP _____	Name	To _____	Final _____
	Phone Number		

Describe in detail the position you held and the duties you performed.

Reason for leaving (be specific)

May we contact the employers listed above? ___ If no, indicate which one(s) you do not wish us to contact:

Please read carefully before signing. If you have any questions regarding the following statements, please ask for assistance. I certify that, to the best of my knowledge and belief, the answers given by me to the foregoing questions and the statements made by me in this application are correct and complete. I understand that any false information contained in this application may result in my discharge.

I authorize you to communicate with all my former employers, law enforcement agencies, school officials and persons named as references. I hereby release all employers, schools and individuals from any liability for any damage whatsoever resulting from giving such information. I understand that upon offer of employment I must submit to drug testing and that positive test results will disqualify me from such employment.

I understand that as this organization deems necessary, I may be required to work overtime hours or hours outside a normally defined workday or workweek. If employed, I understand and agree that such employment may be terminated at any time and without any liability to me for any continuation of salary, wages, or employment related benefits.

Signature: _____ **Date:** _____

EMPLOYMENT SCREENING CONSENT

I, _____ hereby authorize First Call For Help of Broward, Inc., to obtain
(Name of Applicant)
information needed for purposes of background screening and reference checks. This may include contacting former employers, law enforcement agencies, and personal references. A photocopy of this consent form shall be valuable as the original.

(Signature of Applicant)

Date

(Printed name of applicant including all aliases/all previous last names)

Address: _____
Street Address City State Zip

Social Security Number: _____

Driver's License Number: _____

State of Issuance: _____

Expiration Date: _____

**Name of Agency: First Call For Help of Broward, Inc.
d/b/a 2-1-1 Broward
250 NE 33rd Street
Oakland Park, FL 33334**

DRUG TEST CONSENT FORM

DISCLOSURE TO APPLICANTS OF REQUIREMENT OF A TEST FOR CURRENT USAGE OF DRUGS AND/OR CONTROLLED SUBSTANCES.

All applicants selected for employment with First Call For Help of Broward, Inc., d/b/a 2-1-1 Broward are required to submit to a test for the use of drugs and/or controlled substances. If testing indicates that traces of drugs or controlled substances are present in a candidate's blood or urine, and such drugs have NOT been obtained and taken as directed by a valid prescription, the candidate WILL NOT be given further consideration for employment.

A signed **Drug Test Consent Form** must accompany each application for employment submitted. Failure and/or refusal to sign this **Consent Form** will cause an application to be voided, and no further consideration of candidacy will be given. Failure to complete and/or to pass the pre-employment drug screen will also result in discontinuance of consideration of employment.

CONSENT TO DRUG TEST

I have read the above statements and give my voluntary consent to provide my blood, urine and/or other body samples which may be tested for recent use of drugs and/or controlled substances in order for my employment application to be considered. I understand that I may have to submit to a search or be witnessed at the time the urine specimen is collected to ensure that the specimen collected is mine. I understand that any further testing or individual treatment I may need as indicated by the test results will be at my own expense. Further, I release 2-1-1 Broward, its officers, directors, agents and employees from any liability whatsoever in connection with such tests and test results.

Applicant Signature

Date

Position applied for _____

AUTHORIZATION AND RELEASE TO OBTAIN INFORMATION

Under the Fair Credit Reporting Act ("FCRA"), 15 U.S.C. § 1681 et seq., the regulations applicable to the federal Department of Transportation's Federal Motor Carriers Safety Administration, including 49 CFR § 40.329, the Americans with Disabilities Act and all other applicable federal, state, and local laws, I hereby authorize and permit

2-1-1 Broward dba First Call for Help of Broward, Inc.

to obtain information, where permitted, pertaining to my employment records, driving history records, driving performance and safety history, criminal history, credit history, civil records, workers' compensation (post-offer only), alcohol and drug testing, verification of my academic and/or professional credentials, and information and/or copies of documents from any military service records.

I understand that an "investigative consumer report" may result that could include information as to my character, general reputation, personal characteristics, and mode of living that may be obtained by interviews with individuals with whom I am acquainted or who may have knowledge concerning any such items of information. I specifically authorize the release of information by my former employers for the purpose of satisfying driver qualification regulations.

DOT Drivers. I understand that Title 49 of the Federal Code of Regulations, §391.23, requires that my prospective employer and/or its agent(s) may contact all former employers of a driver within the last three years under the regulation of the Department of Transportation. Information such as dates of employment, position, accident history, as well as information pertaining to my drug and alcohol testing history, may be requested from each employer in accordance with Section 391.23 and 49 CFR 40.25.

By signing below, I consent to and authorize the gathering of this information by my prospective employer and those whom my prospective employer has engaged to request and obtain this information, including from former employers and/or from or through 2-1-1 Broward. I hereby release and hold harmless any person, firm, or entity, including 2-1-1 Broward, that discloses matters in accordance with this authorization from liability that might otherwise result from the request for use of and/or disclosure of any or all of the information discussed above. This information may be obtained in whole or in part by 2-1-1 Broward or its agents.

I consent to and authorize the processing of my information in a foreign country by persons providing Persons providing services to my prospective employer and understand that this information may be accessible to law enforcement and national security authorities of that jurisdiction.

I understand and acknowledge that this release of information may assist my prospective employer to make a determination regarding my suitability as an employee. I further understand that under the FCRA, I may request a copy of any consumer report from the consumer reporting agency that compiled the report, after I have provided proper identification. I agree that a copy of this authorization has the same effect as an original. Where permitted, this authorization shall remain in effect over the course of my employment and reports may be ordered periodically during the course of my employment.

Applicants Full Name (Print clearly)

Signature

Date of Signature

Employee Full Name as appears on License

Employee Date of Birth

Employee Driver License Number: _____ **State:** _____
(Please attach a copy)