



**The Arc of Volusia, Inc.**  
 100 Jimmy Huger Circle  
 Daytona Beach, Florida 32117  
 Phone: (386) 274-4736 Fax: (386) 274-1222

## Employment Application

The Arc of Volusia, Inc. is an equal opportunity employer, dedicated to non-discrimination in employment on the basis of race, color, religion, sex, national origin, handicap, age, disability, and marital status. No question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on any basis prohibited by local, state, or federal law.

<b>Personal</b>	<input type="checkbox"/> Mr.                      Last Name                      First Name                      Middle <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Date
	Street Address	Social Security Number
	Apartment Number	Home Phone Number
	City                                      State                                      Zip	Cell Phone Number
	Email address	Business Phone Number
	Only U.S. Citizens or other persons who have a legal right to work in the U.S. are eligible for employment. Can you, upon employment, submit documentation verifying your identity to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you 21 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Position</b>	Position Applied For:	First Date Available to Work:	Desired Wage or Salary
	Have you ever applied with The Arc of Volusia, Inc. before? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	If So when?		
	Have you ever worked for The Arc of Volusia, Inc.? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If so when?			

<b>Education</b>		Name and Location of School	Did you Graduate?	Degree or Diploma	Course of Study
	High School		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	College		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Graduate School		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	GED or Other Professional Certification(s) or Training(s)		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Trade Business or Correspondence Course		<input type="checkbox"/> Yes <input type="checkbox"/> No		

**\*A copy of your high school Diploma or G.E.D. will be required. A certified copy of your college transcript will be required for consideration of any degreed position.**

# Employment

Please give accurate, complete full-time and part-time employment records. Start with present or most recent employer.

1	Company Name	Telephone Number
	Address	Employed (Month/Year) From            To
	Name of Supervisor	Starting                      Ending Salary \$                      Salary \$
	Job Title	Other Compensation
	Key Responsibilities and Accomplishments	Reason for Leaving
	May we contact your present Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

2	Company Name	Telephone Number
	Address	Employed (Month/Year) From            To
	Name of Supervisor	Starting                      Ending Salary \$                      Salary \$
	Job Title	Other Compensation
	Key Responsibilities and Accomplishments	Reason for Leaving
	May we contact your past Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

3	Company Name	Telephone Number
	Address	Employed (Month/Year) From            To
	Name of Supervisor	Starting                      Ending Salary \$                      Salary \$
	Job Title	Other Compensation
	Key Responsibilities and Accomplishments	Reason for Leaving
	May we contact your past Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

4	Company Name	Telephone Number
	Address	Employed (Month/Year) From            To
	Name of Supervisor	Starting                      Ending Salary \$                      Salary \$
	Job Title	Other Compensation
	Key Responsibilities and Accomplishments	Reason for Leaving
	May we contact your past Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

# Additional Background Information

Please provide the names of all three references:

Name	Relationship	Phone Number and address
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Name	Relationship	Phone Number and Address

During your employment with other employers, or during the education listed on your application and/or resume, have you ever worked under or used a different name.  Yes  No  
If yes, list any other names you have used:

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.

Have you ever been convicted of, pled no contest to, or had adjudication withheld on a crime?  Yes  No  
(A conviction or plea record will not necessarily disqualify an applicant for employment)  
If so, state the nature of the offense(s), Date(s), city and state and disposition. Attach a separate sheet if you need more space.

Have you ever had a verified finding of abuse, neglect or exploitation of child or vulnerable adult by Florida Department of Children and Families or any other entity?  Yes  No  
(Persons that have such findings must acknowledge or be subject to immediate termination)  
If so, please explain. Attach a separate sheet if you need more space.

Have you ever been a defendant in a civil court for an intentional tort (e.g., a civil wrong, assault, battery, fraud)?  Yes  No  
(A conviction or plea record will not necessarily disqualify an applicant for employment)  
If yes, for each action, please specify the following:  
(a) The nature of the civil action against you:  
(b) The outcome of the action:

Do you have a contract with your current or recent employer which has a post-termination non-compete non-solicitation, non-disclosure or confidentiality provisions?  Yes  No  
If yes, please attach a copy or, if not available, describe the limitations or restrictions that would affect you if hired by The Arc of Volusia, Inc.

# Driving Record and License Check

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

What class of license do you possess? \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State Issued \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Have you ever had your license or driving privileges revoked, Suspended, or Placed on Probation?  Yes  No

If yes, please explain (include when, where and what action was taken):

\_\_\_\_\_

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

List below all traffic violations (except parking) on your record in the last five (5) years and all motor vehicle accidents in which you were involved in: (Use additional pages if necessary)

Date	Location	Description	Result

As an applicant for employment with The Arc of Volusia, Inc, I hereby authorize The Arc of Volusia to obtain a check of my driver license records and I will be required to provide a current copy of an MVR upon hire.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

## Employment Application Certification

I hereby certify that all 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. I also understand and agree that any such false, incomplete, or misleading information discovered on this application at any time after I am employed may result in my dismissal.

I hereby authorize the company or independent contractor to investigate all statements contained in this application, to interview the references and previous employers listed in the employment purposes in accordance with the Fair Credit Reporting Act. I authorize the references and previous employers listed to give the company 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 the company, including, but not limited to, any liability for defamation or invasion of privacy.

If I am offered employment, I understand that such an offer will be conditioned upon satisfactory results from background investigation and/or company medical examination or inquiry, including a drug screen test. If then employed, I understand that I will be required to serve a ninety (90) day probationary period, at the option of either the company or myself. I understand that no supervisor or other representative of the company other than the present or the company 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 the company to submit 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 statement.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_