



ARC Broward
 10250 NW 53rd Street
 Sunrise, FL. 33351
 (954) 746-9400 Job Hotline x5021
 (954) 746-5386 Fax
 www.arcbroward.com

Achievement and Rehabilitation Centers, Inc.

Thank you for your interest in employment with Achievement and Rehabilitation Centers, Inc. Please answer each question. If the question does not apply, indicate N/A. Incomplete applications will not be considered. We receive applications and hire employees without regard to race, creed, color, sex, age, national origin, marital status, physical or mental handicap, disability, veteran's status and citizenship status, or any other protected category. The receipt of the application does not mean that job openings exist and does not obligate us in any way. We appreciate your interest in our organization.

Referral Source (Please check one):

- Walk-in
- Newspaper Advertisement (Name of Newspaper) _____
- Other
- School (Name of School) _____
- ARC Website
- Website _____
- Employee Referral (Name of Employee) _____
- Referred by Friend/acquaintance _____
- Job Services/Employment Agency (Name of Agency) _____

ATTENTION ALL APPLICANTS

Please be advised if you are offered a position with ARC Broward/BARC Housing you will be required to complete the following before starting employment:

1. **Drug Test** - No charge to Applicant.
2. **HRS Screenings/Fingerprinting** – Applicant is responsible for the \$55.00 processing fee.
3. **Physical** – A pre-employment physical – No charge to Applicant.
4. **Florida Driver's License:** Must have a Florida Driver's License without excessive points if you are required to drive for the agency. Out-of-state Licenses are not acceptable.

Please check if: Currently possess a valid Florida Drivers License.

Core Purpose and Core Values

Enriching the lives of people with disABILITIES.

We have a passion for what we do, integrity for how we do it, respect for all of our stakeholders, a drive for excellence and entrepreneurial spirit.

Applicant Name (Please Print)

Date

Applicant Signature

Date

APPLICATION FOR EMPLOYMENT

Position Applying For: _____ Full Time Part Time Temporary

PERSONAL INFORMATION

Name: _____ Social Security No. _____

Last

First

Present Address: _____

City

State

Zip

Telephone (Home): _____ Other: _____

Previous Address: _____

City

State

Zip

GENERAL QUESTIONS

Do you have any relative that is currently an employee or client with ARC/BARC Housing? Yes No

If yes, Name: _____ Department/Program: _____

Have you ever worked in a child care facility that has, during the term of your employment had its license denied, revoked, or suspended in any state or jurisdiction or been the subject of disciplinary action, or received a fine while you were employed in the child care facility? Yes No

I attest to the accuracy of the information requested under penalty of perjury. _____ (initials)

Are you over the age of 18? Yes No If no, employment is subject to verification that you are of minimum legal age.

Are you legally eligible to work in the U.S.? Yes No

Have you ever applied for a job with us before? Yes No If yes, When: _____

Have you ever been bonded? Yes No

Have you ever refused bond? Yes No If so, state reason and date: _____

Have you ever been convicted of any crime other than minor traffic violation? Yes No

If yes, explain: _____

Do you use illegal drugs? Yes No

Does your present employer know of your plans to change employment? Yes No

Why do you desire to make a change? _____

Have you ever held a position of trust(handling money or confidential material)? Yes No

Do you have steady transportation to work? Yes No

Have you ever been discharged or asked to resign? Yes No

Can you perform the duties of the job for which you are applying, with or without reasonable accommodation?

Yes No

Are there any other experiences, skills, or qualifications you have that specifically relate to working here? _____

EDUCATION INFORMATION

SCHOOL	NAME OF SCHOOL	LOCATION	DEGREE RECEIVED	YEARS COMPLETED	DID YOU GRADUATE?
Grammar/High School					
Trade Business/ Correspondence					
College					
Graduate School					

Describe any other specialized or professional training (such as business, technical or nursing school). Include study courses given through public or private employment. State whether degree or certificate received.

REFERENCES

(Do not list relatives or former employers)

NAME	ADDRESS	PHONE	OCCUPATION
1.			
2.			
3.			
4.			

GENERAL INFORMATION

We are an equal opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, sex, religion, national origin, age, disability, handicap, marital status or any other basis protected by law. The opportunity for employment will be based solely upon your qualifications and ability to perform the job for which you are being considered. We also reasonably accommodate individuals with disabilities, handicaps, and bona fide religious beliefs.

We comply with the Americans with Disabilities Act of 1990. During the interview process, you may be asked questions concerning your ability to perform job-related functions. You may also be required to complete a post-job off medical history questionnaire and/or undergo a medical examination. Upon request, all entering employees in the same job category will be required to complete the same medical questionnaire and/or examination. All medical information will be kept in confidential files.

We also maintain a Drug-Free Workplace as defined by the Rules of the State of Florida, Agency for Health Care Administration, Chapter 59A-24, Florida Administrative Code, Drug-Free Workplace standards, and the Department of Labor and employment Security, Division of Worker's Compensation, pursuant to Workers' Compensation drug Testing Rule Chapter 38F-9, a copy of which is maintained by the employer for review by employees upon request.

EMPLOYMENT HISTORY

List your present or last job. Include part-time employment, military service assignments and volunteer activities.

1. Name of Employer _____ Telephone # _____	
Complete Address _____	
Employed From _____ TO _____	Salary Start \$ _____ End _____
Job Title: _____	Reason For Leaving: _____
Type of Work Performed _____	
Supervisor Name: _____	Title: _____
2. Name of Employer _____ Telephone # _____	
Complete Address _____	
Employed From _____ TO _____	Salary Start \$ _____ End _____
Job Title: _____	Reason For Leaving: _____
Type of Work Performed _____	
Supervisor Name: _____	Title: _____
3. Name of Employer _____ Telephone # _____	
Complete Address _____	
Employed From _____ TO _____	Salary Start \$ _____ End _____
Job Title: _____	Reason For Leaving: _____
Type of Work Performed _____	
Supervisor Name: _____	Title: _____

May we contact your previous employers? ___Yes ___No

If not indicate by # which one(s) you do not wish us to contact _____

The facts set forth above in my application for employment are true and complete. I understand that if employed, false statements or omission of information on this application, a resume or other applicant information provided may be considered sufficient reason for dismissal. You are hereby authorized to make any investigation of my personal history and financial and credit record through any investigative or credit bureaus of your choice. In making this application for employment, I also understand that an investigative consumer report may be made whereby information is obtained through personal interviews with neighbors, friends, or others with whom I am acquainted. This inquiry includes information as to my character, general reputation, personal characteristics, and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive detailed information about the nature and scope of this investigative consumer report.

I authorize the use of any information in this application to verify my statements, and I authorize the past employers, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release all such persons from any liability or damages on account of having furnished such information. I understand that employment at this organization is on an "at will" basis, and includes no guarantee, contract, or promise of employment for any specific length of time.

Applicant Signature

Date

PLEASE READ AND SIGN STATEMENTS BELOW

I understand that in accordance with Florida Statute 1443.131 (3) (a) (2), if hired, I will be placed in a 90-day probationary status. I further understand that if I am terminated for unsatisfactory work performance within this 90-day probationary period, the employer may seek to deny any unemployment benefits I might attempt to obtain as a result of my termination.

_____ **(Initial)**

I understand, under Rules of the State of Florida for Drug-Free Workplaces, as a condition of my employment, I must take and pass a pre employment urine and/or blood test at authorized threshold levels for any or all of the drugs or alcohol listed by the employer's Drug-Free Workplace Policy statement copies of which have been provided to me, and a copy executed by me, returned to the employer.

_____ **(Initial)**

I further understand, subject to confidentiality constraints and rights of appeal granted State and Federal law, if the results of my pre employment drug and/or alcohol tests are POSITIVE (indicating substance abuse) and are received by the employer prior to or within the 90-day probationary employment period, notwithstanding any other disciplinary provisions contained in the employer's Drug-Free Workplace Policy statement, I will be terminated for cause under the provision of Workers' Compensation drug Testing Rule 38F-9.004 (3) (b) and the employer may seek to deny any unemployment benefits I might attempt to obtain as a result of my termination.

_____ **(Initial)**

I understand and agree that all policies, procedures, whether written, published or orally communicated by the employer may be modified, amended, or deleted by the employer with or without notice to me of such change(s); that the employer's policies and procedures are not intended to be a contract of employment nor do they give me a right of continued employment; and if hired, my employment may be terminated at my option or at the option of my employer with or without prior notices to either party. I also agree there are no other written or oral arrangements, agreements, or understandings regarding the terms of my employment and that any amendments or exceptions to this statement must be in writing and signed by a person duly authorized by the employer.

_____ **(Initial)**

I certify that all information given to the employer by me in the form of an employment application, resume, or related papers, or answers given by me during oral interviews, are true and correct. I understand the employer will make a thorough investigation of my past work and personal history. I authorize the giving and receiving of any such information requested by the employer in the course of such investigation and hereby release from liability all persons who provide such information to the employer. I understand that falsification or any derogatory information discovered as a result of investigation may subject me to immediate dismissal for cause and the employer may seek to deny any unemployment benefits I might attempt to obtain as a result of my termination.

_____ **(Initial)**

Applicant's Printed Name (Please Print)

Date

Applicant's Signature

Witness' Printed Name

Date

Witness' Signature



ARC Broward/BARC

APPLICANT DATA RECORD

Applicants are considered for all positions, and employees are treated during employment without regard to race, creed, color, religion, sex, national origin, age, marital, veteran or citizenship status, physical or mental handicap or disability.

As employers/government contractors, we comply with government regulations and affirmative action responsibilities.

Solely to help us comply with government record keeping, reporting, and other requirements, please fill out the Applicant Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for employment.

PLEASE PRINT

Date: _____

POSITION (S) APPLIED FOR

1. _____ 2. _____ 3. _____

REFERRAL SOURCE

Advertisement Friend Relative Walk-In Employment Agency Other

APPLICANT NAME

_____ Last Name _____ First Name _____ Middle

AFFIRMATIVE ACTION SURVEY

Government agencies require periodic reports on the sex, ethnicity, and disability status of applicants. This data is for analysis and affirmative action only. Submission of this information is voluntary.

PLEASE CHECK ONE

Male Female

White Black Hispanic

Asian /Pacific Islander American Indian / Alaskan Native Other

Vietnam Veteran Disabled Veteran Disabled