

EMPLOYMENT APPLICATION

Community Connections for Life, Inc.
111 NW 183rd St, Miami Gardens, Florida 33169
(786) 657-3276

	FULL TIME
	Variable Full Time
	Part Time
	Per Diem
	Internship / Externship
	Volunteer

Instructions: Please read the instructions before completing the application. A resume may be attached to your application, but you must complete all spaces on the application to be considered for employment. All information submitted is subject to verification. A false or misleading statement may result in your disqualification. If you are in need of an accommodation to complete this application, please call for an appointment at the phone number above.

POSITION TITLE: _____ DATE AVAILABLE FOR WORK: _____

PERSONAL DATA

NAME: (Last) _____ (First) _____ (MI) _____

SOCIAL SECURITY NUMBER: ____ - ____ - _____ DATE OF BIRTH: ____ / ____ / ____

CURRENT ADDRESS: (Number & Street) _____

(City) _____ (State) _____ (Zip) _____

List any other names used if different from name given on application: _____

PHONE (Home): (____) ____ - ____

PHONE (Work): (____) ____ - ____

PHONE (Cell): (____) ____ - ____

E-MAIL ADDRESS: _____

EDUCATION & TRAINING

HIGHEST GRADE COMPLETED: _____ HIGH SCHOOL DIPLOMA OR GED? _____

Type of School	Name & Location of School	Sem/Clock Hours Completed	Graduated Yes/No	Expected Graduation Date	Type of Diploma or Degree	Major/ Minor Field of Study
Colleges or Universities						
Technical, Vocational, or Business						

If a license, certificate or other authorization is required/related to position for which you are applying, complete the following:

<u>License/Certification (CPR, First Aid, Food handlers, etc.)</u>	<u>Date Issued</u>	<u>Issued By (State or other Authority)</u>	<u>License Number</u>	<u>Location of Issuing Authority (city & state)</u>

SPECIAL TRAINING: List any special training program or courses you have attended which you feel may add to your qualifications. List course, date and institution (including military training).

COURSE TITLE	DATE	GRANTING INSTITUTION

SPECIAL SKILLS/QUALIFICATIONS: List special skills or qualifications (not listed above) you possess which you believe further qualify you for the position for which you are an applicant (include computer software, specialized equipment or machines, memberships, areas of expertise for recreation/sport training and instruction).

RELATIVES: Do you have any relatives that currently or has worked for CCFL by blood or marriage? _____

List Name(s): _____	Relationship: _____	Position _____
List Name(s): _____	Relationship: _____	Position _____
List Name(s): _____	Relationship: _____	Position _____
List Name(s): _____	Relationship: _____	Position _____

GENERAL INFORMATION

DRIVER'S LICENSE:	State: _____	Number: _____	Expiration Date: _____
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TYPE OF DRIVER'S LICENSE: _____ **CDL ENDORSEMENTS:** _____

DISMISSALS AND/OR FORCED RESIGNATIONS: Have you ever been fired or forced to resign from any position? If answer is Yes to either or both of these questions, please explain below.

Pursuant to s. 400.512, Community Connections for Life, Inc. is required to perform a background check on all applicants or contractors provided in chapter 435 prior to hiring, using the Level I standards for screening set forth in that chapter, for home health agency personnel; persons referred for employment by nurse registries; and persons employed by companion or homemaker services registered under s. 400.509, F.S. You will be required to sign the attached Affidavit of Good Moral Character for Purposes Relevant to Section 400.512, F. S., State of Florida and a background check will be performed. Affidavit of Good Moral Character for Purposes Relevant to Section 400.512, F. S., State of Florida requires notary seal and signature and should not be signed until the applicant is in the presence of a notary certified by the State of Florida. Community Connections for Life, Inc. will provide notary services for a fee of \$7.00 for all job applicants.

Have you ever been convicted of a **MISDEMEANOR** or **FELONY** and/or placed on probation, fined or given a suspended sentence such as deferred adjudication in court? **YES:** ____ **NO:** ____

List all cases other than minor traffic violations. **FAILURE TO ADMIT CONVICTIONS WILL RESULT IN DISQUALIFICATION OF YOUR APPLICATION.** If Yes, please provide the following:

Date: _____ **Charge:** _____

City/State: _____ **Disposition:** _____

Date: _____ **Charge:** _____

City/State: _____ **Disposition:** _____

(If you need additional space, please attach a sheet listing information in the same format. Include your printed name and signature.)

EMPLOYMENT HISTORY

In the space provided below, give your employment history beginning with your present or most recent employer. List each position held (even those with the same employer), including military, part-time, summer, volunteer work, and any periods of unemployment. **An explanation of any period of unemployment should be included on page 4. Interns and Volunteers: It is not necessary to complete Salary information.**

Employer:	Start Date	End Date
Address/City/State:		
Phone: () - Job Title:	Starting Salary	Final Salary
Supervisor: Supervisor's Title:	\$	\$
Reason for Leaving:		
Briefly describe the Nature and Duties of Your Position		

Employer:	Start Date	End Date
Address/City/State:		
Phone: () - Job Title:	Starting Salary	Final Salary
Supervisor: Supervisor's Title:	\$	\$
Reason for Leaving:		
Briefly describe the Nature and Duties of Your Position		
Employer:	Start Date	End Date

Address/City/State:			
Phone: () - Job Title:		Starting Salary	Final Salary
Supervisor:	Supervisor's Title:	\$	\$
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Employer:		Start Date	End Date
Address/City/State:			
Phone: () - Job Title:		Starting Salary	Final Salary
Supervisor:	Supervisor's Title:	\$	\$
Reason for Leaving:			
Briefly describe the Nature and Duties of Your Position			

Explanation of any periods of unemployment between jobs:

GENERAL INFORMATION

I, the undersigned, certify that I have *read* and *fully understand* this form in its entirety and that the information provided is true and complete to the best of my knowledge. I understand that should any statement I have made prove false, misleading, or erroneous, it may result in the rejection of my application or discharge from Community Connection for Life, Inc. In submitting this application, I authorize Community Connection for Life to verify all data needed to support this application and to obtain references from my present and past employers. I further understand that this application becomes the property of Community Connection for Life and will not be returned. I also understand that I will have the right to terminate my employment with Community Connection for Life at any time without notice and for any reason. I understand that Community Connection for Life has the same right. If required for the position, I also understand that as a condition of employment I will be subject to one or more of the following: driving record check, criminal history investigation, medical examination and/or a pre-employment drug-alcohol screening. An employment offer received from the Community Connection for Life is contingent upon information received.

Signature of Applicant

Date Signed

THANK YOU FOR YOUR INTEREST IN EMPLOYMENT WITH COMMUNITY CONNECTIONS FOR LIFE, INC.
AN EQUAL OPPORTUNITY EMPLOYER



PROFESSIONAL REFERENCES (3 REFERENCES)

REFERENCE #1			
REFERENCE NAME:			
ADDRESS:			
STREET	CITY	STATE	ZIP
PHONE:			
OTHER CONTACT INFORMATION:			
RELATIONSHIP TO APPLICANT:		SUPERVISOR CO-WORKER:	
DATES OF RELATIONSHIP	FROM:	TO:	
MM/DD/YY			
PROFESSIONAL POSITION WHEN WORKING WITH APPLICANT:			
TITLE:			
AGENCY/INSTITUTION:			
ADDRESS:			

REFERENCE #2			
REFERENCE NAME:			
ADDRESS:			
STREET	CITY	STATE	ZIP
PHONE:			
OTHER CONTACT INFORMATION:			
RELATIONSHIP TO APPLICANT:		SUPERVISOR CO-WORKER:	
DATES OF RELATIONSHIP	FROM:	TO:	
MM/DD/YY			
PROFESSIONAL POSITION WHEN WORKING WITH APPLICANT:			
TITLE:			
AGENCY/INSTITUTION:			
ADDRESS:			

REFERENCE #3			
REFERENCE NAME:			
ADDRESS:			
STREET	CITY	STATE	ZIP
PHONE:			
OTHER CONTACT INFORMATION:			
RELATIONSHIP TO APPLICANT:		SUPERVISOR CO-WORKER:	
DATES OF RELATIONSHIP	FROM:	TO:	
MM/DD/YY			
PROFESSIONAL POSITION WHEN WORKING WITH APPLICANT:			
TITLE:			
AGENCY/INSTITUTION:			
ADDRESS:			



Community Connections *for* Life, CMHC

18441 NW 2nd Ave, Suite 505 | Miami Gardens, FL 33169 | Phone (786) 657-3276 | Fax (786) 565-9193

Employee Information Form

Name _____

SS # _____

Home Address _____

City _____ Zip code _____ +4 _____

Primary Phone # _____ Alternate Phone # _____

Date of Birth _____

Place of Birth (State or Country) _____

Email Address _____

Circle Your Gender: Female

Male

Height: ___in___ft Weight: _____ Eye Color: _____ Hair color: _____

Circle Your Race: White

African American

Hispanic

Asian or Pacific Islander

American Indian

Other

Emergency Contact Name _____ Relationship _____

Primary Phone # _____ Alternate Phone # _____

To be filled out by HR:

Position: _____

Hire Date: _____

Hours: _____

Pay Rate: _____

Overtime (check one): Exempt

Non-Exempt

Signature

Date

HR Signature

Date