



**PLEASE READ! PLEASE READ! PLEASE READ! PLEASE READ!  
PLEASE READ! PLEASE READ! PLEASE READ! PLEASE READ!**

Dear Applicant,

We are pleased that you have expressed interest in our agency.

**IN ORDER TO BE CONSIDERED FOR EMPLOYMENT WITH CAPITAL CITY YOUTH SERVICES YOU MUST SUBMIT**

1. **A COMPLETED EMPLOYMENT APPLICATION** (Included). A resume cannot be used for employment procedures.
2. **REFERENCE FORMS** (Included). Please fill out the top portion only. We will contact the persons to complete parts I and II of the actual reference.
  - Two (2) Personal Reference Forms
  - Two (2) Employment Reference Forms
3. **EDUCATIONAL VERIFICATION**. An official transcript copy or official diploma copy.
4. **VALID DRIVERS LICENSE**. You must possess a valid Florida driver's license and be insurable by our auto insurance provider in order to be employed by Capital City Youth Services. You must provide your driver's license when turning in this application so that a copy may be obtained. All drivers' license numbers will be run through the proper authorities to obtain statuses.

These forms are **required** to be considered for employment with Capital City Youth Services.

**Please supply the contact information for the references only, we will contact them.**

Thank you

Human Resource Manager

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# EMPLOYMENT APPLICATION

CAPITAL CITY YOUTH SERVICES IS AN EQUAL OPPORTUNITY EMPLOYER. RACE, COLOR, RELIGION, AGE, SEX, DISABILITY, MARITAL OR VETERAN STATUS, PLACE OF NATIONAL ORIGIN, SEXUAL ORIENTATION AND OTHER CATEGORIES PROTECTED BY LAW ARE NOT FACTORS IN EMPLOYMENT, PROMOTION, COMPENSATION OR WORKING CONDITIONS.

2407 Roberts Avenue  
Tallahassee, FL 32310  
(850) 576-6000 phone (850) 576-2580 fax

POSITION (S) APPLIED FOR:		DATE OF APPLICATION
FULL-TIME OR PART-TIME?		
LAST NAME	FIRST NAME	MIDDLE NAME
ADDRESS	CITY/STATE	ZIP CODE
YEARS AT RESIDENCE:		TELEPHONE NUMBER (S)
SOCIAL SECURITY NUMBER:	You must possess a valid Florida driver's license and be insurable by our auto insurance provider in order to be employed by Capital City Youth Services DRIVERS LICENSE #:	
<b>HOW DID YOU HEAR ABOUT US?</b> <input type="checkbox"/> ADVERTISEMENT <input type="checkbox"/> FRIEND <input type="checkbox"/> INQUIRY <input type="checkbox"/> EMPLOYMENT AGENCY <input type="checkbox"/> RELATIVE <input type="checkbox"/> OTHER:		
HAVE YOU EVER APPLIED TO, OR WORKED FOR CAPITAL CITY YOUTH SERVICES BEFORE? _____ IF YES, WHEN? _____ DO YOU HAVE ANY FRIENDS OR RELATIVES WORKING FOR CAPITAL CITY YOUTH SERVICES? <input type="checkbox"/> YES <input type="checkbox"/> NO YES, STATE NAME AND RELATIONSHIP: _____		
HAVE YOU PLEAD GUILTY OR "NO CONTEST" TO A CRIME, BEEN CONVICTED OF A CRIME, HAD ADJUDICATION WITHHELD, PROSECUTION DEFERRED OR DO YOU HAVE ANY CRIMINAL CHARGES PENDING? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN WITH DATE AND DETAILS:		
(NOTE: NO APPLICANT WILL BE DENIED EMPLOYMENT SOLELY ON THE GROUNDS OF A CONVICTION OF A CRIMINAL OFFENSE. THE NATURE OF THE OFFENSE, THE DATE OF THE OFFENSE, THE SURROUNDING CIRCUMSTANCES AND THE RELEVANCE OF THE OFFENSE TO THE POSITION (S) APPLIED FOR MAY, HOWEVER, BE CONSIDERED.)		
<b>GENERAL INFORMATION ABOUT EMPLOYMENT DESIRED</b> THE FOLLOWING INFORMATION IS REQUIRED DUE TO THE NATURE OF THE POSITION		
ARE YOU OVER 21 YEARS OF AGE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
IF PART-TIME POSITION DESIRED HOW MANY HOURS? _____		
ARE YOU AVAILABLE FOR WORK ON WEEKENDS? _____		
ARE YOU AVAILABLE TO WORK HOLIDAYS? _____		
DAYS OF WEEK YOU ARE AVAILABLE TO WORK: _____		
HOURS YOU ARE AVAILABLE TO WORK: _____ ARE YOU AVAILABLE TO BE ON-CALL? _____		
ARE YOU AVAILABLE TO WORK NIGHTS? _____ ARE YOU AVAILABLE TO WORK OVERTIME? _____		
IF HIRED, ON WHAT DATE COULD YOU START WORK? _____		
ARE YOU ABLE TO TRAVEL ON COMPANY BUSINESS? _____		
SALARY DESIRED: _____		

**EDUCATION AND TRAINING**

(INCLUDE ON THE JOB TRAININGS): PROOF OF DEGREE MAY BE REQUIRED IF POSITION APPLIED FOR REQUIRES A DEGREE

SCHOOL	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	# OF YEARS COMPLETED	DIPLOMA/DEGREE
HIGH SCHOOL				
UNDERGRADUATE COLLEGE				
GRADUATE/ PROFESSIONAL				
OTHER (SPECIFY)				

**WORK EXPERIENCE**

START WITH YOUR PRESENT OR LAST JOB AND LIST AT LEAST 2 YEARS OF WORK HISTORY OR EXPERIENCE. INCLUDE ANY JOB-RELATED MILITARY SERVICE ASSIGNMENTS AND VOLUNTEER ACTIVITIES. YOU MAY EXCLUDE ORGANIZATIONS, WHICH INDICATE RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, DISABILITIES OR OTHER PROTECTED STATUS.

EMPLOYER (1)	DATES EMPLOYED		WORK PERFORMED
	FROM	TO	
ADDRESS			
TELEPHONE NUMBER (S)	HOURLY RATE/SALARY		
	STARTING	FINAL	
STARTING/PRESENT JOB TITLE			
SUPERVISOR			
REASON FOR LEAVING	MAY WE CONTACT		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		

EMPLOYER (2)	DATES EMPLOYED		WORK PERFORMED
	FROM	TO	
ADDRESS			
TELEPHONE NUMBER (S)	HOURLY RATE/SALARY		
	STARTING	FINAL	
STARTING/PRESENT JOB TITLE			
SUPERVISOR			
REASON FOR LEAVING	MAY WE CONTACT		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		

EMPLOYER (3)	DATES EMPLOYED		WORK PERFORMED
	FROM	TO	
ADDRESS			
TELEPHONE NUMBER (S)	HOURLY RATE/SALARY		
	STARTING	FINAL	
STARTING/PRESENT JOB TITLE			
SUPERVISOR			
REASON FOR LEAVING	MAY WE CONTACT		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		

EMPLOYER (4)	DATES EMPLOYED		WORK PERFORMED
	FROM	TO	
ADDRESS			
TELEPHONE NUMBER (S)	HOURLY RATE/SALARY		
	STARTING	FINAL	
STARTING/PRESENT JOB TITLE			
SUPERVISOR			
REASON FOR LEAVING			MAY WE CONTACT <input type="checkbox"/> YES <input type="checkbox"/> NO

Have you ever been terminated?  YES     NO    IF yes, please explain circumstances: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

MEMBERSHIPS IN PROFESSIONAL OR CIVIC ORGANIZATION EXCLUDE THOSE, WHICH MAY DISCLOSE YOUR RACE, COLOR, RELIGION, OR NATIONAL ORIGIN.

LIST ANY SPECIAL SKILLS OR TRAININGS YOU POSSESS THAT PERTAIN TO THE POSITION THAT YOU HAVE APPLIED FOR

MILITARY	DID YOU SERVE IN THE U.S. ARMED FORCES? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT BRANCH?
DESCRIBE ANY TRAINING RELEVANT TO THE POSITION FOR WHICH YOU ARE APPLYING.		
LIST ANY ADDITIONAL INFORMATION THAT YOU WOULD LIKE FOR US TO CONSIDER		

**REFERENCES**

**PLEASE PROVIDE THE NAMES OF THREE PERSONAL REFERENCES WHO HAVE KNOWN YOU AT LEAST ONE (1) YEAR**

<b>NAME</b>	<b>ADDRESS</b>	<b>PHONE NUMBER</b>

**I HEREBY CERTIFY THAT I HAVE NOT KNOWINGLY WITHHELD ANY INFORMATION THAT MIGHT ADVERSELY AFFECT MY CHANCES FOR EMPLOYMENT AND THAT THE ANSWERS GIVEN BY ME ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I FURTHER CERTIFY THAT I, THE UNDERSIGNED APPLICANT, HAVE PERSONALLY COMPLETED THIS APPLICATION. I UNDERSTAND THAT ANY OMISSION OR MISSTATEMENT ON THIS APPLICATION OR ON ANY DOCUMENTS USED TO SECURE EMPLOYMENT SHALL BE GROUNDS FOR REJECTION OF THIS APPLICATION OR FOR IMMEDIATE DISCHARGE IF I AM EMPLOYED, REGARDLESS OF THE TIME ELAPSED BEFORE DISCOVERY.**

**I UNDERSTAND THAT IF OFFERED EMPLOYMENT, THE OFFER IS CONTINGENT ON MY PASSING A PRE-EMPLOYMENT BACKGROUND SCREENING FROM THE DEPARTMENT OF JUVENILE JUSTICE AND MY COUNTY OF RESIDENCE SHERIFF'S DEPARTMENT, A DRIVERS LICENSE STATUS CHECK , DRIVERS LICENSE HISTORY CHECK AND A DRUG SCREEN. BY SIGNING THIS APPLICATION, I VOLUNTARILY AGREE TO SUBMIT TO THE PRE-EMPLOYMENT BACKGROUND SCREENINGS AND DRUG SCREEN UPON REQUEST. I UNDERSTAND THAT I MUST POSSES A VALID FLORIDA DRIVER'S LICENSE AND BE INSURABLE BY CAPITAL CITY YOUTH SERVICES' AUTO INSURANCE PROVIDER IN ORDER TO BE EMPLOYED BY CAPITAL CITY YOUTH SERVICES. I UNDERSTAND THAT FAILURE TO PASS BOTH THE PRE-EMPLOYMENT BACKGROUND SCREENINGS AND DRUG SCREEN WILL RESULT IN WITHDRAWAL OF THE EMPLOYMENT PRE-OFFER.**

**I UNDERSTAND THAT NOTHING CONTAINED IN THE APPLICATION OR CONVEYED TO ME DURING ANY INTERVIEW WHICH MAY BE GRANTED IS INTENDED TO CREATE AN EMPLOYMENT CONTRACT, IMPLIED OR EXPLICIT, BETWEEN CAPITAL CITY YOUTH SERVICES AND ME. IN ADDITION, I UNDERSTAND AND AGREE THAT IF I AM EMPLOYED, MY EMPLOYMENT RELATIONSHIP WITH CAPITAL CITY YOUTH SERVICES IS STRICTLY VOLUNTARY AND AT OUR MUTUAL WILL. I UNDERSTAND THAT IF EMPLOYED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT PRIOR NOTICE, WITH OR WITHOUT CAUSE OR REASON, AT THE OPTION OF EITHER MYSELF OR CAPITAL CITY YOUTH SERVICES, AND THAT NO PROMISES OR REPRESENTATIONS CONTRARY TO THE FORGOING ARE BINDING ON CAPITAL CITY YOUTH SERVICES UNLESS MADE IN WRITING AND SIGNED JOINTLY BY THE CEO/PRESIDENT AND MYSELF.**

**MY SIGNATURE BELOW CERTIFIES THAT I HAVE READ AND UNDERSTAND THIS COMPLETE PAGE, AND AGREE TO THE TERMS AND CONDITIONS OUTLINED IN THIS DOCUMENT.**

**SIGNATURE**

\_\_\_\_\_  
**APPLICANT'S SIGNATURE**

\_\_\_\_\_  
**DATE**

**ONLY APPLICATIONS THAT ARE COMPLETED IN FULL BY THE APPLICANT, SIGNED AND DATED WILL BE CONSIDERED FOR ANY FURTHER EMPLOYMENT POSSIBILITIES.**



CAPITAL CITY YOUTH SERVICES  
EMPLOYMENT REFERENCE CHECK

APPLICANT NAME: \_\_\_\_\_  
 SOCIAL SECURITY #: \_\_\_\_\_  
 FORMER EMPLOYER NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 PHONE: \_\_\_\_\_  
 DATES EMPLOYED: \_\_\_\_\_

**Applicant's Authorization**

*I consent to and authorize the above named former employer, and its agents and employees, to furnish any reference information concerning me, including achievement, wage history, performance, attendance, personal history, disciplinary information and reason for separation of employment, relating to my employment with the former employer. It is expressly understood that any information given is to be used for the purpose of determining my acceptability for employment. I also hereby release the above named former employer, and its agents and employees, from all liability for damages or claims, including but not limited to defamation, interference with contract, or prospective economic advantage and negligence, I have or may have which arise or result from any reference information provided pursuant to this authorization or any attempts to comply with this information.*

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PART I  
(TO BE FILLED OUT PRIOR TO TELEPHONE BACKGROUND CHECK)**

APPLICANTS NAME: \_\_\_\_\_  
 INQUIRING EMPLOYEES NAME: \_\_\_\_\_  
 REFERENCE NAME: \_\_\_\_\_  
 REFERENCE POSITION: \_\_\_\_\_  
 REFERENCE CONTACT INFORMATION: \_\_\_\_\_  
 DATES OF EMPLOYMENT REPORTED BY APPLICANT: \_\_\_\_\_

**PART II  
(TO BE FILLED OUT DURING TO TELEPHONE BACKGROUND CHECK)**

DATE(S) CONTACTED: \_\_\_\_\_  
 TIME(S) CONTACTED: \_\_\_\_\_  
**\*REFERENCE MUST BE PHONED A MINIMUM OF THREE TIMES**  
 DATES OF EMPLOYMENT CONFIRMED BY REFERENCE: \_\_\_\_\_  
 APPLICANT ELIGIBLE FOR REHIRE ACCORDING TO REFERENCE:  YES  NO  
 AMOUNT OF TIME REFERENCE WORKED WITH APPLICANT: \_\_\_\_\_

APPLICANT'S ATTENDANCE HABITS: \_\_\_\_\_

APPLICANT'S PERFORMANCE RECORD: \_\_\_\_\_

APPLICANT POSSES ANY HISTORY OF WORKPLACE VIOLENCE: \_\_\_\_\_  
\_\_\_\_\_

FURTHER COMMENTS ON APPLICANT: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I ATTEST THAT I TELEPHONED THE LISTED REFERENCE AND THE INFORMATION ABOVE IS TRUE.

\_\_\_\_\_  
INQUIRING EMPLOYEE'S SIGNATURE

\_\_\_\_\_  
DATE

**CHECK THIS BOX IF ADDITIONAL PAGES ARE ATTACHED**



CAPITAL CITY YOUTH SERVICES  
EMPLOYMENT REFERENCE CHECK

APPLICANT NAME: \_\_\_\_\_  
 SOCIAL SECURITY #: \_\_\_\_\_  
 FORMER EMPLOYER NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 PHONE: \_\_\_\_\_  
 DATES EMPLOYED: \_\_\_\_\_

**Applicant's Authorization**

*I consent to and authorize the above named former employer, and its agents and employees, to furnish any reference information concerning me, including achievement, wage history, performance, attendance, personal history, disciplinary information and reason for separation of employment, relating to my employment with the former employer. It is expressly understood that any information given is to be used for the purpose of determining my acceptability for employment. I also hereby release the above named former employer, and its agents and employees, from all liability for damages or claims, including but not limited to defamation, interference with contract, or prospective economic advantage and negligence, I have or may have which arise or result from any reference information provided pursuant to this authorization or any attempts to comply with this information.*

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PART I  
(TO BE FILLED OUT PRIOR TO TELEPHONE BACKGROUND CHECK)**

APPLICANTS NAME: \_\_\_\_\_  
 INQUIRING EMPLOYEES NAME: \_\_\_\_\_  
 REFERENCE NAME: \_\_\_\_\_  
 REFERENCE POSITION: \_\_\_\_\_  
 REFERENCE CONTACT INFORMATION: \_\_\_\_\_  
 DATES OF EMPLOYMENT REPORTED BY APPLICANT: \_\_\_\_\_

**PART II  
(TO BE FILLED OUT DURING TO TELEPHONE BACKGROUND CHECK)**

DATE(S) CONTACTED: \_\_\_\_\_  
 TIME(S) CONTACTED: \_\_\_\_\_  
**\*REFERENCE MUST BE PHONED A MINIMUM OF THREE TIMES**  
 DATES OF EMPLOYMENT CONFIRMED BY REFERENCE: \_\_\_\_\_  
 APPLICANT ELIGIBLE FOR REHIRE ACCORDING TO REFERENCE:  YES  NO  
 AMOUNT OF TIME REFERENCE WORKED WITH APPLICANT: \_\_\_\_\_

APPLICANT'S ATTENDANCE HABITS: \_\_\_\_\_

APPLICANT'S PERFORMANCE RECORD: \_\_\_\_\_

APPLICANT POSSES ANY HISTORY OF WORKPLACE VIOLENCE: \_\_\_\_\_  
\_\_\_\_\_

FURTHER COMMENTS ON APPLICANT: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I ATTEST THAT I TELEPHONED THE LISTED REFERENCE AND THE INFORMATION ABOVE IS TRUE.

\_\_\_\_\_  
INQUIRING EMPLOYEE'S SIGNATURE

\_\_\_\_\_  
DATE

**CHECK THIS BOX IF ADDITIONAL PAGES ARE ATTACHED**



# CAPITAL CITY YOUTH SERVICES

## Personal Reference Check

APPLICANT NAME: \_\_\_\_\_  
 SOCIAL SECURITY #: \_\_\_\_\_  
 PERSONAL REFERENCE NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 PHONE: \_\_\_\_\_  
**PERSONAL REFERENCES CANNOT BE RELATIVES OF THE APPLICANT.**

***THE PERSON NAMED ABOVE HAS GIVEN YOUR NAME AS A PERSONAL REFERENCE. THE DEPARTMENT OF JUVENILE JUSTICE AND DEPARTMENT OF CHILDREN AND FAMILIES, REQUIRES THIS REFERENCE IN ORDER FOR HIM/HER TO WORK DIRECTLY WITH CHILDREN AND/OR A DEVELOPMENTALLY DISABLED PERSON.***

***Please answer the following questions:***

***1. In what capacity do you know this person? For how long?***

\_\_\_\_\_

***2. Are you aware of any information that might question this person's suitability to work with children or developmentally disabled persons?***

Yes \_\_\_\_\_ No \_\_\_\_\_ If YES, please give full details and if possible include other sources that could furnish additional information.

\_\_\_\_\_  
 \_\_\_\_\_

***3. Do you think the applicant will be able to handle stress that goes with being in a highly tense and crisis motivated environment?***

\_\_\_\_\_

***4. Would you consider placing the responsibility of a child or developmentally disabled relative of yours with this person?***

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_

**COMMENTS:** \_\_\_\_\_

\_\_\_\_\_

***5. Please comment on the applicant's abilities and qualities in the following areas***

<b><i>Honesty</i></b>
<b><i>Punctuality</i></b>
<b><i>Responsibility/Maturity</i></b>
<b><i>Communication Skills</i></b>
<b><i>Flexibility/adaptability</i></b>

**SIGNATURE OR NAME OF PERSON WHO IS PROVIDING INFORMATION:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**† Please check here if this reference is being done through telephone communications.**

**Person completing reference check:** \_\_\_\_\_ **Date:** \_\_\_\_\_



# CAPITAL CITY YOUTH SERVICES Personal Reference Check

APPLICANT NAME: \_\_\_\_\_  
 SOCIAL SECURITY #: \_\_\_\_\_

PERSONAL REFERENCE NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_

PHONE: \_\_\_\_\_

**PERSONAL REFERENCES CANNOT BE RELATIVES OF THE APPLICANT.**

*THE PERSON NAMED ABOVE HAS GIVEN YOUR NAME AS A PERSONAL REFERENCE. THE DEPARTMENT OF JUVENILE JUSTICE AND DEPARTMENT OF CHILDREN AND FAMILIES, REQUIRES THIS REFERENCE IN ORDER FOR HIM/HER TO WORK DIRECTLY WITH CHILDREN AND/OR A DEVELOPMENTALLY DISABLED PERSON.*

*Please answer the following questions:*

**1. In what capacity do you know this person? For how long?**

\_\_\_\_\_

**2. Are you aware of any information that might question this person's suitability to work with children or developmentally disabled persons?**

Yes \_\_\_\_\_ No \_\_\_\_\_ If YES, please give full details and if possible include other sources that could furnish additional information.

\_\_\_\_\_  
 \_\_\_\_\_

**3. Do you think the applicant will be able to handle stress that goes with being in a highly tense and crisis motivated environment?**

\_\_\_\_\_

**4. Would you consider placing the responsibility of a child or developmentally disabled relative of yours with this person?**

YES \_\_\_\_\_ NO \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

**5. Please comment on the applicant's abilities and qualities in the following areas**

<i>Honesty</i>
<i>Punctuality</i>
<i>Responsibility/Maturity</i>
<i>Communication Skills</i>
<i>Flexibility/adaptability</i>

SIGNATURE OR NAME OF PERSON WHO IS PROVIDING INFORMATION: \_\_\_\_\_ Date: \_\_\_\_\_

† Please check here if this reference is being done through telephone communications.  
 Person completing reference check: \_\_\_\_\_ Date: \_\_\_\_\_