



Employment Application

Instruction Guide

2407 Roberts Avenue Tallahassee, FL 32303
Phone: (850) 576-6000 Fax: (850) 576-2580

Dear Applicant,

We are pleased you are interested in working with our Agency.

In order to be considered for employment with CCYS, you must submit the following:

1. A completed Employment Application.
2. **Include three (3) character references** from unrelated individuals who have known you for a minimum of two (2) years on page two (2) of the employment application as well as the individual character reference sheets.
3. **Include employment references** from previous employers starting with the most recent and at least seven (7) years employment history on page two (2) of the employment application as well as the individual employment reference sheets.
4. Verification of Education in the form of a sealed, unopened official transcript or a copy of your diploma.
5. Valid Driver's License.
6. Include a three (3) year driving history obtained from the Department of Motor Vehicles for the State that you have resided in for the past three (3) years. Your driving history will be verified by our Agency's auto insurance provider to determine your eligibility to transport youth served at CCYS.



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Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: _____ Email: _____

Date Available: _____ Position Applied for: _____ Desired Salary:\$ _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when?
 If Yes, state
 name and
 relationship: _____

Do you have any friends or relatives working for CCYS? Yes No

Personal Background Information

As prescribed in subsection 65C-14.023, F.A.C, in order to be employed by CCYS to work directly with youth you shall be at least 18 years of age, be finger printed and screened through the Florida Department of Law Enforcement by the Florida Department of Juvenile Justice. 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 be considered.

In order to transport youth, applicants must have a valid Florida driver's license for at least 3 years, and be 21 years of age to be insurable by our auto insurance.

Are you at least 21 years of age? YES NO Have you possessed a valid Driver license for a minimum 3 of years? YES NO

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? YES NO

If yes, explain: _____

Education/Professional Certifications

School	Name and Address of School	Course of Study	# of Years Completed	Diploma/Degree Earned
High School				
Undergraduate College				
Graduate/ Professional				
Other (specify)				

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

References

List three (3) Character references from unrelated individual who have known you for a minimum of two (2) years.

Full Name: _____ Email: _____

Relationship: _____ How long have you known this person? _____ Phone: _____

Full Name: _____ Email: _____

Relationship: _____ How long have you known this person? _____ Phone: _____

Full Name: _____ Email: _____

Relationship: _____ How long have you known this person? _____ Phone: _____

Previous Employment (note:

Starting with most recent and at least 7 years of employment history.

Employer 1: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Employer 2: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Note: please attach resume for additional previous employers

Additional Information

Memberships in professional or civic organizations (exclude those which may disclose your race, color, religion or national origin.): _____

Special skills or trainings you possess that pertain to the position that you are applying for: _____

List additional information that you would like for us to consider: _____

Disclaimer and Signature

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.

Signature: _____ Date: _____