APPLICATION FOR EMPLOYMENT

2407 Roberts Ave, Tallahassee, FL 32310 · (850) 576-6000

How to apply: Type your answers directly into this form, save it, and submit it with your resume as directed on the Careers page at **www.ccys.org**. Please complete every section. Incomplete applications may not be considered, and a resume is not accepted in place of a completed application.

Capital City Youth Services (CCYS) is an equal opportunity employer. CCYS does not discriminate in employment on the basis of race, color, religion, sex (including pregnancy, sexual orientation, and gender identity), national origin, age, disability, genetic information, marital status, veteran status, or any other status protected by law.

APPLICANT INFORMATION

Date | Email | Telephone

Last name | First name | Middle name

Present address: street | City | County | State | Zip

Previous address: street | City | County | State | Zip

How long have you lived in this area? | Referred by

Are you 18 years of age or older? ○ Yes ○ No

May we contact your present employer? ○ Yes ○ No

May we contact your previous employers? ○ Yes ○ No

If not, please list any exceptions and the reasons

POSITION

Position(s) you are applying for | Date you can start

Rate of pay desired ($) | Per (hour, year) | Schedule wanted (full-time, part-time)

EDUCATION

Level	School and location	Years done	Graduated?	Year	Degree and major
High school or GED					
College					
Graduate school					
Other training					

Field work placements (dates and agencies)

WORK EXPERIENCE

List your current or most recent employer first. Attach another page if you need more space.

Employer 1

Employer | From (mo/yr) | To (mo/yr)

Employer address | Supervisor name and phone

Position | Reason for leaving

Duties

Employer 2

Employer | From (mo/yr) | To (mo/yr)

Employer address | Supervisor name and phone

Position | Reason for leaving

Duties

Employer 3

Employer | From (mo/yr) | To (mo/yr)

Employer address | Supervisor name and phone

Position | Reason for leaving

Duties

Employer 4

Employer

From (mo/yr)

To (mo/yr)

Employer address

Supervisor name and phone

Position

Reason for leaving

Duties

Did you work for any of these employers under a different name? ○ Yes ○ No

If yes, which employer(s) and what name?

Please explain any gaps in your employment history

Have you received written reprimands or disciplinary suspensions in previous jobs? ○ Yes ○ No

If yes, please explain

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

If yes, please explain (by whom, when, and why)

Have you ever been the subject of an Office of Inspector General investigation? ○ Yes ○ No

If yes, please explain

REFERENCES

Please list three professional references (such as supervisors) and two personal references.

Professional reference	Name	Title and organization	Phone	Email	Years
Professional 1					
Professional 2					
Professional 3					

Personal reference	Name	Relationship	Phone	Email	Years
Personal 1					
Personal 2					

CRIMINAL HISTORY

All CCYS positions require a Level 2 background screening.

Have you ever been convicted of a crime? ○ Yes ○ No

Have you ever pled guilty or no contest to a crime? ○ Yes ○ No

If yes to either, please give details (date, place, offense, and outcome)

Have you ever been charged with a crime, placed on court-ordered probation, had adjudication withheld, or entered a pretrial intervention program? ○ Yes ○ No

If yes, please give details (date, place, offense, and outcome)

DRIVING HISTORY

Complete this section if the position may involve driving a CCYS vehicle or driving on CCYS business. Your driver's license number will be requested after an offer of employment.

Are you able to travel if the job requires it? ○ Yes ○ No

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

License class | License state | Moving violations in the last 3 years (number)

Has your license been suspended or on probation in the last 5 years? ○ Yes ○ No

List all traffic violations (except parking) in the last 3 years and any accidents you were responsible for.

Date	Location	Description	Result

APPLICANT CERTIFICATION

I certify that all of the information in this application is true and complete. I understand that false, incomplete, or misleading information on this application or provided at any point in the hiring process is grounds for rejecting my application, or for dismissal if discovered after I am hired.

I authorize Capital City Youth Services (CCYS) to verify all statements in this application and to contact the references and previous employers I have listed. I authorize them to give CCYS all facts, opinions, and evaluations about my previous employment and any other information they may have, and I release them from any liability, including for defamation or invasion of privacy, for providing this information to CCYS.

I understand that any offer of employment is conditioned on satisfactory results of a background screening, reference checks, and any required medical examination or inquiry, including a drug screen. If hired, I understand I will serve an introductory period, and that my employment may be ended by me or by CCYS at any time, with or without cause or notice, even after the introductory period. No one other than the CCYS Director has authority to enter into an agreement for employment for a specific period of time, or to make any agreement contrary to the above.

I agree, as a condition of employment or continued employment, to submit to a drug screen when requested by CCYS. I understand that refusing a requested test, or an unsatisfactory result, will disqualify me from employment or may result in immediate dismissal if I am already employed.

I have read, understand, and agree with the statements above.

Applicant signature (type your full name)

Date