



the center for drug-free living, inc.

APPLICATION FOR EMPLOYMENT

And Authorization to Release and Investigate Personnel Records

(PLEASE PRINT ALL INFORMATION EXCEPT SIGNATURES)

“Pursuant to Florida Statute Chapter 119, all information contained in an employee’s personal file is a matter of public record, with certain statutory exclusions. As an applicant of The Center for Drug-Free, Inc., I understand that my personal information may fall under or be subject to disclosure.”

Chapter 119 is available for review at the following internet website:

http://www.leg.state.fl.us/Statutes/index.cfm?App_mode=Display_Statute&URL=Ch0119/ch0119.htm

or at the Human Resources office located at 3670 Maguire Blvd., Suite 110, Orlando, FL 32803

- I have been given the opportunity to review the statute/information. Yes No

Applicant’s Signature

Date

(Please Print)	Last Name	/	First Name	/	MI	/	Date
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Position desired and for which you feel qualified:

Date You Can Start? ____/____/____

1st Position: _____

Home Phone Number ____/____/____

2nd Position: _____

Work Phone Number ____/____/____

3rd Position: _____

Cell Phone Number ____/____/____

E-Mail Address: _____

Are you available to work:

- Full-Time Part-Time Shift Work Temporary

Can you work:

- Weekends Evenings Overnight Holidays Overtime

An Equal Opportunity Employer

THIS APPLICATION IS NOT AN EMPLOYMENT CONTRACT but merely is intended to provide information necessary to evaluate suitability for employment. It is the policy of The Center for Drug-Free Living, Inc. (also referred to in this application as The Center) to provide equal employment to all qualified persons without discrimination on the basis of sex, race, color, religion, age, marital status, national origin, citizenship, disability, veteran status, sexual orientation, national origin, linguistic characteristics common to a specific ethnic group, ethnicity, physical disability, pregnancy, political affiliation, gender identity characteristics or expression, medical condition (for example AIDS or cancer) in hiring, promotion, demotion, training, benefits, transfers, layoffs, termination, recommendations, rates of pay, other forms of compensation, or any other status protected under city, state or federal law. It is also the policy of The Center to have the option of conducting pre-employment screening before a job offer is made. If a job offer is made, employment may be contingent upon the successful completion of a medical examination, which may include a drug test or other physical evaluations. Employment may also be contingent on a favorable background screening. This application will remain active for 90 days only, after which an applicant must reapply and complete a new application.

This application must be filled out completely to be considered for employment. Resumes are not considered official applications.

Mission Statement: “Changing Lives By Promoting Healthy, Responsible Lifestyles”

Social Security Number - -

Current Address: _____
 Number & Street Apt. City

State Zip
 (If you have lived at current address less than five years, please indicate previous address)

Previous Address: _____

Please take a moment to answer the following questions:

YES NO

- 1. Are you at least 18 years of age and legally eligible for work in the United States? If hired you will be required to furnish proof of your lawful work status.
- 2. Have you ever been employed at The Center for Drug-Free Living, Inc.? If so, from ___/___/___ to ___/___/___
- 3. Do you have any relatives employed by The Center for Drug-Free Living, Inc.? (A relative is defined as: SPOUSE, MOTHER, FATHER, BROTHER, SISTER, AUNT, UNCLE, SON, DAUGHTER, NIECE, NEPHEW, GRANDPARENTS, "STEP" AND "IN-LAW" RELATIONSHIPS)
If so, who? _____
- 4. If required, will you work overtime when necessary?
- 5. Have you received a description of the job or been made aware of the essential functions of the job you are applying for?
- 6. Do you understand the job requirements?
- 7. Have you ever been discharged or been asked to resign from a job? (If yes, please explain) _____
- 8. Have you ever been convicted of or pled guilty or no contest to a misdemeanor, felony or other crime? (If yes, please explain) _____
- 9. Have you ever been arrested and not received a disposition? (Explain) _____
- 10. If hired, will this be your only job/employment? (If not, please explain) _____

Please fill out your education history. Please be advised that your education will be validated with your school.

Type of School	Name & Location of School	Major Courses	Grade Point Average	Degree Received	Date of Degree
High School					
Technical School					
College of University					
Graduate School					
Other					

Are you currently attending school? If yes, explain _____

Do you plan to attend school in the near future? (Please explain) _____

EMPLOYMENT HISTORY

Please list below your last four (4) employers beginning with the most recent

Most Recent Employer:	Name of last Supervisor/Title:	Telephone: HR Fax #:
Street Address:	City, State, Zip Code:	Pay Rate Upon Leaving: \$ <input type="checkbox"/> Month <input type="checkbox"/> Annual
Position:		From: ____/____/____ To: ____/____/____ Month Year Month Year
Duties:		Are you eligible for re-hire? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Leaving:		Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No

Next Most Recent Employer:	Name of last Supervisor/Title:	Telephone:: HR Fax #:
Street Address:	City, State, Zip Code:	Pay Rate Upon Leaving: \$ <input type="checkbox"/> Month <input type="checkbox"/> Annual
Position :		From: ____/____/____ To: ____/____/____ Month Year Month Year
Duties:		Are you eligible for re-hire? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Leaving:		

Next Most Recent Employer:	Name of last Supervisor/Title:	Telephone:: HR Fax #:
Street Address:	City, State, Zip Code:	Pay Rate Upon Leaving: \$ <input type="checkbox"/> Month <input type="checkbox"/> Annual
Position:		From: ____/____/____ To: ____/____/____ Month Year Month Year
Duties:		Are you eligible for re-hire? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Leaving:		

Next Most Recent Employer:	Name of last Supervisor/Title:	Telephone:: HR Fax #:
Street Address:	City, State, Zip Code:	Pay Rate Upon Leaving: \$ <input type="checkbox"/> Month <input type="checkbox"/> Annual
Position:		From: ____/____/____ To: ____/____/____ Month Year Month Year

REFERENCES

BUSINESS Name	Company/Title	Address	Telephone
PERSONAL Name	Company/Title	Address	Telephone

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

YES NO
 Are you a volunteer for any organization (If yes, please explain) _____

**The Center For Drug-Free Living, Inc.
Drug-Free Workplace Program**

NOTICE
WE DRUG TEST

As part of our commitment to a Drug-Free Workplace, we require all potential employees to submit to a drug test. Your refusal to take the test, or your failure to pass the test according to minimum standards, will disqualify you from further consideration for employment. If you become employed by The Center for Drug-Free Living, Inc., you may be required to again submit to a drug test as requested. Your failure to pass the test in accordance to minimum standards will result in action up to and including termination.

**The Center For Drug-Free Living, Inc.
Pre-Employment Agreement for Drug Testing
(Please Read Carefully)**

I freely and voluntarily agree to submit to a drug test as part of my application for employment. I understand that either my refusal to submit to the drug test or my failure to qualify according to minimum standards established by The Center for Drug-Free Living, Inc. for this examination will disqualify me from further consideration for employment. I further understand that upon commencement of employment with The Center for Drug-Free Living, Inc., I may again be required to submit to a drug test. I understand that my refusal to take a requested drug test or my failure to meet the minimum standards set for the examination may result in immediate suspension or discharge.

I have read in full and understand the above statements and conditions of employment.

Applicant's Signature

Date

The Center For Drug-Free Living, Inc.

Important Information Needed

The following documents **MUST** be provided prior to employment with The Center for Drug-Free Living, Inc.

- 1 Application for Employment
- 2 Credentials (i.e. Degrees, Diplomas, Certifications, Licenses, etc.)
- 3 Copy of Driver's License/Legal I.D.
- 4 Copy of Social Security Card
- 5 Dispositions clearing criminal charges if request

Failure to provide these documents will prohibit your employment with The Center for Drug-Free Living, Inc.

APPLICANT'S ACKNOWLEDGEMENT

IT IS VERY IMPORTANT THAT YOU READ THIS SECTION CAREFULLY, AND THAT YOU FULLY UNDERSTAND IT BEFORE YOU SIGN IT. THIS SECTION AFFECTS YOUR LEGAL RIGHTS. IF YOU HAVE ANY QUESTIONS REGARDING THOSE LEGAL RIGHTS, PLEASE ASK BEFORE YOU SIGN THIS APPLICATION.

In exchange for The Center for Drug-Free Living, Inc.'s consideration of this employment application:

1 I promise that all information I have supplied in this application and any other information, oral or written, is true, complete and accurate. I understand that any misstated, misleading, incomplete, or false information is grounds for rejection of this application, refusal to hire, withdrawal of an employment offer, or immediate discharge whenever and however discovered.

2 I hereby authorize The Center for Drug-Free Living, Inc., its agents, successors or assigns, to contact my previous employers to request references. Further, I agree to hold The Center for Drug-Free Living, Inc., and such previous employers harmless for disclosure and authorize them to release any and all information pertaining to me and my employment.

3 I understand that The Center For Drug-Free Living, Inc. maintains a drug free work place at all of its locations and facilities. I will be given the opportunity to review a copy of its policy to review at the time this application is made. I understand that I may be required to submit to a drug/alcohol test, under-go a post-job offer medical examination designed to determine my suitability for the job for which I am being considered. Additionally, from time to time, I may be required to take additional tests during the course of my employment. I understand that, subject to applicable law, that The Center for Drug-Free Living, Inc. shall be the sole judge of the suitability of my test results.

4 I fully understand and acknowledge, and where applicable, consent to the following:

- My employment is at will. I may terminate my employment at any time for any reason;
- I may be discharged for any reason, without notice;
- I am subject to a six (6) month introductory period;
- Successful completion of my introductory period does not change The Center's at will employment relationship;

- The Center for Drug-Free Living, Inc. will conduct a criminal background check, driver's license check, and will check my references, including my current employer;
- The Center will rerun background screening as needed to meet regulatory and contractual requirements throughout my employment;
- Work schedules may vary and can be unpredictable, and as such, I may be required to work different shifts, weekends, or overtime;
- I will be required to comply with the policies and protocols set forth in The Center for Drug-Free Living, Inc. Employee Handbook as it currently exists, and as amended from time to time, as well as any other existing and future company policies, rules and regulations;
- The Center for Drug-Free Living, Inc. reserves the right to amend, change and/or modify the policies and protocols set forth in its Employee Handbook at any time;
- I must attend orientation as a condition of my employment;
- I will represent The Center in a professional, appropriate manner at all times.

I have read and fully understand everything in this application. *Applicant's Initial* _____

Before submitting your application, please take a moment to answer the following question. Thank you.

How did you learn about the job opening(s) that you are applying for?

- It was posted on The Center for Drug Free Living (CFDFL) **website**.
- A classified ad in the **newspaper**. If so, what is the name of the newspaper? _____
- I attended a **job fair**. If so, where? _____
- I attended an **open house** at a CFDFL program. If so, what program? _____
- I contacted the **CFDFL Human Resources Department**.
- I was referred by a **CFDFL employee**. If so, who? _____
- Other: _____

Applicant's Printed Name

Applicant's Signature

Date

Effective: April 25, 2007
Revised: August 15, 2007