



## APPLICATION FOR EMPLOYMENT

All information must be completed to be considered. Please answer all questions. Resumes are not a substitute for a completed application.

A Kid's Place is an equal opportunity employer. A Kid's Place does not discriminate in employment with regard to race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service or any other characteristic protected by law.

THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY FLORIDA STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE.

### Please Print

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

How long have you lived there? \_\_\_\_\_/\_\_\_\_\_ Years/Months Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Other names used (Alias, Maiden, Etc.): \_\_\_\_\_

### PREVIOUS ADDRESSES IN LAST 5 YEARS

ADDRESS	CITY	STATE	ZIP CODE	Date(s) MM/DD/YEAR

Position applying for: \_\_\_\_\_ Desired Salary/Hourly Rate: \_\_\_\_\_

Have you ever applied here before?  Yes  No If yes, when? \_\_\_\_\_

Have you ever worked here before?  Yes  No If yes, when? \_\_\_\_\_

Type of work desired:  Full Time  Part Time (Specify Hours) \_\_\_\_\_

Are you presently employed?  Yes  No If yes, may we contact your current employer?  Yes  No

Date on which you can start work if hired \_\_\_\_\_

Do you have any friends or relatives that work here?  Yes  No

If yes, please list name(s)/relationship(s): \_\_\_\_\_

Are you legally eligible for employment in the United States?  Yes  No

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation?  Yes  No

Have you ever been terminated or asked to resign from any job?  Yes  No If yes, how many times? \_\_\_\_\_

Has your employment ever been terminated by mutual agreement?  Yes  No If yes, how many times? \_\_\_\_\_

Have you ever been given the choice to resign rather than be terminated?  Yes  No If yes, how many times? \_\_\_\_\_

If you answered YES to any of the above three questions, please explain the circumstances of each occasion.

\_\_\_\_\_

### EDUCATION

Education	School Name and Location (Address, City, State)	Graduate? Y or N	Degree/Major
High School			
College			
Bus./Tech./Trade or Post College			

### WORK EXPERIENCE

Please list the names of your present and/or previous employers in chronological order with present or most recent employer listed first. Provide information for at least the most recent 7-year period. Attach additional sheets if needed.

If self-employed, supply firm name and business references. You may include any verifiable work performed on a volunteer basis or internships. Please explain any gaps. Your failure to completely respond to each inquiry may disqualify you for consideration from employment. Do not answer, "See resume."

#### Employer

Name \_\_\_\_\_ Address \_\_\_\_\_ Type of Business \_\_\_\_\_

Phone \_\_\_\_\_ Dates Employed: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Job Title \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Summary of work performed and job responsibilities \_\_\_\_\_

\_\_\_\_\_

May we contact?  Yes  No If No, why not? \_\_\_\_\_

\_\_\_\_\_

Reason for Leaving \_\_\_\_\_

\_\_\_\_\_

**Employer**

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Name _____	Address _____	Type of Business _____
Phone _____	Dates Employed: From ____/____/____ To ____/____/____	
Job Title _____	Supervisor's Name _____	

Summary of work performed and job responsibilities \_\_\_\_\_

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May we contact?  Yes  No If No, why not? \_\_\_\_\_

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Reason for Leaving \_\_\_\_\_

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**Employer**

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Name _____	Address _____	Type of Business _____
Phone _____	Dates Employed: From ____/____/____ To ____/____/____	
Job Title _____	Supervisor's Name _____	

Summary of work performed and job responsibilities \_\_\_\_\_

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May we contact?  Yes  No If No, why not? \_\_\_\_\_

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Reason for Leaving \_\_\_\_\_

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**Employer**

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Name _____	Address _____	Type of Business _____
Phone _____	Dates Employed: From ____/____/____ To ____/____/____	
Job Title _____	Supervisor's Name _____	

Summary of work performed and job responsibilities \_\_\_\_\_

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May we contact?  Yes  No If No, why not? \_\_\_\_\_

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Reason for Leaving \_\_\_\_\_

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## REFERENCES

Please list the names of 3 personal references we may contact who are not relatives and you have known for at least 1 year.

Name	Occupation	Address	Phone or Email	# of Yrs Known

## CONVICTIONS/CIVIL LAWSUITS

**FOR PURPOSES OF THE FOLLOWING QUESTION, "CONVICTED" INCLUDES PLEADING GUILTY OR NOLO CONTENDERE, REGARDLESS OF ADJUDICATION. A conviction does not automatically mean you won't be considered for employment. What you were convicted of and how recently will be evaluated in relation to the position for which you are applying. Give all facts so that a decision can be made. If your answer is "YES", list all convictions against you in a court of law to include criminal convictions. Traffic violations within the last three years (other than parking), and/or accidents for which you have been charged must be listed below. You may omit: (1) Traffic violations for which you paid a fine of \$30.00 or less; (2) any offense committed before your 18<sup>th</sup> birthday which was finally adjudicated in a juvenile court or under a youth offender law.**

Have you ever pled "guilty" or "no contest" to, or been convicted of, any crime, other than minor traffic offenses? This includes any charge where adjudication has been withheld.  Yes  No

Are you now, or have you ever been, on probation or involved in a pretrial intervention program, where criminal charges were subject to dismissal if you successfully completed the probation or program?  Yes  No

Do you currently have any charges pending disposition?  Yes  No

If Yes to any of the above questions, complete this section:

Date	Offense	Sentence/Details

Has a lawsuit ever been filed against you, in which it was alleged that you intentionally injured, threatened or defrauded another person or company?  Yes  No

If yes, please indicate the nature of the lawsuit, the approximate date the suit was filed, the court in which it was filed, and the disposition of the action: \_\_\_\_\_

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## CERTIFICATION OF INFORMATION CONSENT FOR SUBSTANCE TESTING

I certify that all the information I have given on this application is true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application and hereby release the company from any liability as a result of such investigation. I understand that misrepresentations, omissions of fact and/or incomplete or untrue information requested in this application will remove me from further consideration for employment. I understand also that if employed, my employment will be subject to termination if any of the information contained herein is subsequently found to be untrue, to contain misrepresentations or to contain omissions of fact.

I understand that, if employed, my employment with the company is for no specific term and may be terminated by me or the employer with or without notice or cause at any time. I further understand that no oral promise, employer policy, customer business practice or other procedure (including the employer's personal handbook or any company manuals) constitute an employment contract or modification of the at-will employment relationship between me and the company. The company may, where allowed by law, require applicants for employment to undergo drug testing.

I acknowledge that this application will remain active for 90 days from the date of application. If I have not been offered employment at the conclusion of the 90 day period, it is my responsibility to complete a new application if I still wish to be considered for employment by the company.

I understand that if I receive an offer of employment, the offer is contingent on my passing a background check and drug screening to the satisfaction of A Kid's Place. Upon conditional offer of employment, I agree to undergo pre-employment urinalysis and/or blood tests by a doctor selected by the company and understand the cost of same will be paid by the company. I further understand that during my employment the company may require me to undergo blood and/or urinalysis tests, as a condition of employment, and that at the time of any such examination, I will be required to execute all forms of consent and release of liability as are usually and reasonably attendant to such examinations, and that refusal to submit to such testing may be grounds for dismissal. I understand that the results of any such examinations and/or tests shall be made available to the company, and certain of its employees or agents, on a need to know basis.

If employed by the company, I understand and agree that the company, to the extent permitted by federal, state, and local law, may exercise its right, without warning or notice, to conduct investigations of property (including, but not limited to, files, desks, vehicles, and computers) and, in certain circumstances, my personal property.

I understand and agree that as a condition of employment and to the extent permitted by federal, state, and local law, I may be required to sign a confidentiality, and/or conflict of interest statement.

Further, if hired, I authorize the company to provide truthful information concerning my employment to future employers and hold the company harmless for providing such information.

THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY FLORIDA STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE. NOTHING IN THIS APPLICATION OR IN ANY DOCUMENT OR STATEMENT, WRITTEN OR ORAL, SHALL LIMIT THE RIGHT TO TERMINATE EMPLOYMENT AT-WILL. IF HIRED, I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF THE COMPANY, AND I UNDERSTAND THAT THE COMPANY HAS COMPLETE DISCRETION TO MODIFY SUCH RULES AND REGULATIONS AT ANY TIME, EXCEPT THAT IT WILL NOT MODIFY ITS POLICY OF EMPLOYMENT AT-WILL.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

No person shall, on the basis of race, color, religion, national origin, sex, age, sexual orientation, or disability be excluded from participation in, be denied the benefits of, or be subjected to unlawful discrimination under any program or activity receiving or benefitting from federal financial assistance and administered by the Hillsborough Kids System of care. Foreign language and sign language interpreters will be made available at no charge to the client.

Prospective Employer: A Kid's Place of Tampa Bay, Inc. and A Kid's Place Children's Programs, LLC.



## RELEASE FORM

In connection with my application for employment (including contract for services) with A Kid's Place, I understand that investigative background inquiries are to be made concerning myself including consumer reports, investigative consumer reports, criminal, driving, and other reports. These reports may include information as to my character, credit worthiness, general reputation, personal characteristics, mode of living, work habits, performance, and experience along with reasons for termination of past employment from previous employers. I have a right to request disclosure of the nature and scope of the report, which involves personal interviews with sources such as neighbors, friends, or associates.

I authorize, without reservation, any party or agency contacted by this employer or its agent to furnish the above mentioned information:

Print Full Name (First, Middle, Last): \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

(You are not obligated to provide us with your DOB at this time. If a job offer is extended to you, your DOB will be needed to obtain accurate retrieval of records. You may wait to give us your DOB until the time a job offer is extended to you.)

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

State Issued: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Prospective Employer: A Kid's Place of Tampa Bay, Inc. and A Kid's Place Children's Programs, LLC.



**CONSENT TO BACKGROUND  
INVESTIGATIVE RELEASE OF INFORMATION**

In connection with my application for employment with A Kid's Place, and in accordance with the Federal Fair Credit Reporting Act (FCRA), I authorize A Kid's Place and its respective agents to solicit information about my background including, but not limited to, information as to my job experience and performance, education, consumer credit history, driving record, military service records, criminal records, civil litigation records, and general public records history.

I also authorize the procurement of an investigative consumer report. I understand that such an investigative consumer report may contain information about my background, mode of living, character and personal reputation, and that under the FCRA, I am entitled to be advised of the nature and scope of the investigation requested within a reasonable time after I request this information, in writing, from A Kid's Place.

I also understand that I may request a summary of my rights under the FCRA if I am notified that an investigative consumer report has been procured. I understand I may contact the Federal Trade Commission about my rights under the FCRA as a consumer with regard to consumer records and consumer reporting agencies.

Print Name: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Prospective Employer: A Kid's Place of Tampa Bay, Inc. and A Kid's Place Children's Programs, LLC.



## EMPLOYEE AVAILABILITY FORM

Name of Employee: \_\_\_\_\_

As a part-time Youth Counselor at A Kid's Place, we depend on you in running our overall program. In caring for children, we need to ensure we are properly staffed at all times – 24/7/365. To assist in our scheduling efforts and provide you with the opportunity to work, we need to know your availability. Please complete the section below. Once you provide your availability, we will assume you are willing to work those days/times and we will schedule you accordingly. That schedule will then be communicated to you by or before every Thursday via email and or text message.

### Instructions:

For all part-time status Youth Counselors, this form should be completed with the Office Manager prior to being added to the master schedule. Please record the times you are available to work for each day of the week below.

- If you do not have any restrictions for a specific day, record "no restrictions".
- If you cannot work on a given day of the week, record "no availability" for that day.
- You must be available to work at least one weekend day a week, Saturday or Sunday.
- Remember, having a restricted availability may impact the total hours you may be scheduled to work for a given week based on the needs of the program.

### Available Shifts:

**7am-3pm 3pm-11pm 11pm-7am 11pm-9am**

### Example:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
No restrictions	7am-3pm 3pm-11pm	11p-7a	No Availability	7am-3pm	No restrictions	3pm-11pm 11pm-7am 11pm-9am

### Employee Availability:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday