



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 _____



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

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 _____

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 _____

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 18th 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:



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 – YOUTH COUNSELOR’S

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.

Please note: Once you provide your availability, we will schedule you to work those days/times, as needed. If you are unable to work a specific shift/week that you are normally available for, you are required to submit a time-off request form at least two weeks in advance so we do not schedule you.

The Schedule and Training Manager will reach out to confirm your schedule for the following week based on your availability.

Instructions:

For all part-time status Youth Counselors, this form should be completed with the Schedule and Training 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 committed to work at least one-weekend day per week
- You must be committed to working at least 16 hours per pay period
- Remember, having restricted availability may impact the total hours you may be scheduled to work for a given week based on the needs of the program.
- If you are unable to work a specific shift/week that you are normally available for, you must submit a time-off request at least two weeks in advance per policy

Available Shifts:

7am-3pm 3pm-11pm 11pm-7am

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



To: Human Resources

This letter is to request the personnel records for _____, who has applied for employment with A Kid's Place of Tampa Bay, Inc. / A Kid's Place Children's Programs, LLC. We are requesting any and all records from their file pertaining to background screenings and/or performance.

This includes the following:

Performance Evaluations
Disciplinary actions, if any
Investigations into conduct
Performance Improvement Plan(s)
Separation paperwork, including the reason for termination

This request is pursuant to Florida Statute 435.10. Every employer of employees covered by this chapter shall furnish copies of personnel records for employees or former employees to any other employer requesting this information pursuant to this section. Information contained in the records may include, but is not limited to, disciplinary matters and any reason for termination. Any employer releasing such records pursuant to this chapter shall be considered to be acting in good faith and may not be held liable for information contained in such records, absent a showing that the employer maliciously falsified such records.

Included is a signed release by the applicant. Please forward your information by mail, scan to email or fax at:

A Kid's Place

Attn: Human Resources

1715 Lithia Pinecrest Road, Brandon, FL 33511

email: ebooker@akidsplacetb.org

fax: 813-381-3840

Please feel free to contact me if you have any questions.

Sincerely,

Erin Booker

Erin Booker

Human Resources Director

Signature: _____

Date: _____



Care Provider Background Screening Clearinghouse

Background Screening Request Form

You have applied for a position with a health care and/or service provider regulated by a specified agency in the Care Provider Background Screening Clearinghouse (Clearinghouse) that requires a fingerprint-based background check. As a health care and/or service provider regulated by a specified agency in the Clearinghouse we may conduct a search for an existing background screening result or submit a new background screening request through the Clearinghouse results website on your behalf.

In order to complete the search and/or background screening request we must collect the following information. This information is required by the Clearinghouse, the Florida Department of Law Enforcement, and the Federal Bureau of Investigation.

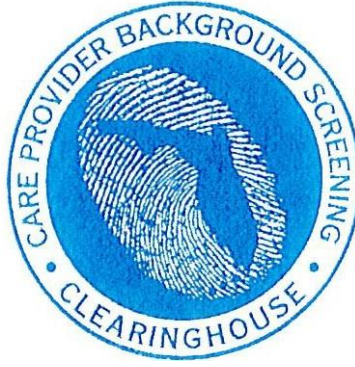
Please provide the following information:

<u>Applicant Information</u>	
*First Name:	_____
Middle Name:	.....
*Last Name:	_____
Aliases:	_____
*SSN:	.....
*Date of Birth:	_____
*Place of Birth:	_____

<u>Demographics</u>	
*Sex:	_____
*Race:	.....
*Hair Color:	.....
*Eye Color:	_____
*Height:	.....
*Weight:	.....

<u>Contact Information</u>	
*Address Line 1:	_____
Address Line 2:	.....
*City:	.....
*State:	_____
*Zip:	.....
County:	.....
Prior States:	_____
Email:	.....
Phone:	_____

*Denotes Required Fields



PRIVACY POLICY ACKNOWLEDGEMENT FORM

I acknowledge that I have received a copy of the privacy policies from the Florida Department of Law Enforcement and the Federal Bureau of Investigation, which describe the exchange of information where criminal record results will become part of the Care Provider Background Screening Clearinghouse.

I understand and agree that I will read and comply with the guidelines contained in the privacy policies.

Employee/Contractor Name (Printed)

Employee/Contractor Signature

Date

FLORIDA DEPARTMENT OF LAW ENFORCEMENT

NOTICE FOR APPLICANTS SUBMITTING FINGERPRINTS WHERE CRIMINAL RECORD RESULTS WILL BECOME PART OF THE CARE PROVIDER BACKGROUND SCREENING CLEARINGHOUSE

NOTICE OF:

**SHARING OF CRIMINAL HISTORY RECORD INFORMATION WITH SPECIFIED AGENCIES,
RETENTION OF FINGERPRINTS,
PRIVACY POLICY, AND
RIGHT TO CHALLENGE AN INCORRECT CRIMINAL HISTORY RECORD**

This notice is to inform you that when you submit a set of fingerprints to the Florida Department of Law Enforcement (FDLE) for the purpose of conducting a search for any Florida and national criminal history records that may pertain to you, the results of that search will be returned to the Care Provider Background Screening Clearinghouse. By submitting fingerprints, you are authorizing the dissemination of any state and national criminal history record that may pertain to you to the Specified Agency or Agencies from which you are seeking approval to be employed, licensed, work under contract, or to serve as a volunteer, pursuant to the National Child Protection Act of 1993, as amended, and Section 943.0542, Florida Statutes. "Specified agency" means the Department of Health, the Department of Children and Family Services, the Division of Vocational Rehabilitation within the Department of Education, the Agency for Health Care Administration, the Department of Elder Affairs, the Department of Juvenile Justice, and the Agency for Persons with Disabilities when these agencies are conducting state and national criminal history background screening on persons who provide care for children or persons who are elderly or disabled. The fingerprints submitted will be retained by FDLE and the Clearinghouse will be notified if FDLE receives Florida arrest information on you.

Your Social Security Number (SSN) is needed to keep records accurate because other people may have the same name and birth date. Disclosure of your SSN is imperative for the performance of the Clearinghouse agencies' duties in distinguishing your identity from that of other persons whose identification information may be the same as or similar to yours.

Licensing and employing agencies are allowed to release a copy of the state and national criminal record information to a person who requests a copy of his or her own record if the identification of the record was based on submission of the person's fingerprints. Therefore, if you wish to review your record, you may request that the agency that is screening the record provide you with a copy. After you have reviewed the criminal history record, if you believe it is incomplete or inaccurate, you may conduct a personal review as provided in s. 943.056, F.S., and Rule 11CS.001, F.A.C. If national information is believed to be in error, the FBI should be contacted at 304-625-2000. You can receive any national criminal history record that may pertain to you directly from the FBI, pursuant to 28 CFR Sections 16.30-16.34. You have the right to obtain a prompt determination as to the validity of your challenge before a final decision is made about your status as an employee, volunteer, contractor, or subcontractor.

Until the criminal history background check is completed, you may be denied unsupervised access to children, the elderly, or persons with disabilities.

The FBI's Privacy Statement follows on a separate page and contains additional information.

