

EMPLOYMENT APPLICATION



COVENANT HOUSE **Covenant House** FLORIDA

HUMAN RESOURCES DEPARTMENT
 5931 E. COLONIAL DRIVE • ORLANDO, FL 32807
 PHONE 407-736-9003 • TOLL FREE 1-800-441-4478 • FAX 407-736-1320
 WEB SITE <http://www.covenanthousefl.org>
 E-MAIL lnieves@covenanthousefl.org

As part of our commitment to a drug-free workplace, we require our applicants to submit to a drug test, effective October 1, 1997. Your refusal to submit to take the test or your failure to pass the test according to minimum standards, will disqualify you from further consideration for employment.

Covenant House subscribes to a policy of equal employment opportunity for all qualified applicants without regard to age, sex, race, color, creed, national origin, religion, or marital status.

Please print and complete all questions.

Last Name	First Name	Middle Name	Social Security Number	
Address		City	State	ZIP Code
Telephone		U.S. Citizen Yes ___ No ___ Do you have an alien registration card? Yes ___ No ___		
E-mail				

POSITION FOR WHICH YOU ARE APPLYING: _____ **DATE AVAILABLE** _____ **MINIMUM SALARY REQUIRED** _____

Have you ever worked for Covenant House before? Yes ___ No ___	Have you ever been convicted of a felony? Yes ___ No ___
If yes, when and where?	Have you pleaded no-contest to a felony charge in the past 3 years? Yes ___ No ___
	If Yes, explain:

How were you referred to Covenant House?

Are you related to anyone or reside with anyone who is a Covenant House employee? Yes ___ No ___
 If Yes, please give: Name _____ Department _____

EDUCATION	Name	Address	City	State	ZIP	Degree	Major and Honors
HIGH SCHOOL							
COLLEGE							
UNIVERSITY							
OTHER EDUCATION OR TRAINING							

List any school activities or memberships in organizations that you consider relevant to your ability to perform the job for which you have applied:

List any skills that are applicable to the position you are seeking:

EMPLOYMENT RECORD

Begin with the most recent employer.

Name of Company	Address	Telephone Number
Dates of Employment From: To:	Salary Start per Last per	
Your Position or Title	Supervisor's Name and Title	May we contact your supervisor? Yes ___ No ___
Briefly describe your duties and responsibilities		Reason for leaving

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Explain and give the details of any period of unemployment longer than thirty days.

Were you ever discharged by any company? Yes ___ No ___ If yes, give name of Company. _____

Reason for Discharge _____

MILITARY RECORD

Branch of Service _____ Date of Discharge _____ Rank _____

PERSONAL REFERENCES

List five (5) individuals who have known you two years or longer. Do not list relatives or former employers.

- | | |
|----------------------------------|--------------------|
| 1. Name _____ | Telephone _____ |
| Address _____ | Relationship _____ |
| City _____ State _____ ZIP _____ | Years Known _____ |
| 2. Name _____ | Telephone _____ |
| Address _____ | Relationship _____ |
| City _____ State _____ ZIP _____ | Years Known _____ |
| 3. Name _____ | Telephone _____ |
| Address _____ | Relationship _____ |
| City _____ State _____ ZIP _____ | Years Known _____ |
| 4. Name _____ | Telephone _____ |
| Address _____ | Relationship _____ |
| City _____ State _____ ZIP _____ | Years Known _____ |
| 5. Name _____ | Telephone _____ |
| Address _____ | Relationship _____ |
| City _____ State _____ ZIP _____ | Years Known _____ |



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I, _____, having applied for employment with Covenant House Florida, do hereby agree and understand that such employment is contingent upon my fulfilling the requirement of having good moral character as established, among other things, by checking for **criminal records convictions** with the **Florida Department of Law Enforcement** and **local law enforcement authorities** and for all information included in the **Child Abuse Registry Information System**. I give my consent to Covenant House Florida to institute these checks. These checks are in accordance with the regulations established by the Department of Children and Families from which Covenant House Florida receives it's licensing.

I understand that I must abide by the Florida law and regulations governing child care agencies if I am employed by Covenant House Florida. The Florida law requires Covenant House Florida to obtain at least three personal references regarding my good moral character and employability, and I hereby authorize Covenant House Florida to do so. I understand that my falsification, misstatement or failure to fulfill Florida law in this matter will be grounds for my immediate dismissal. **I hereby release Covenant House Florida and its agents, officers and employees, from liability for any damages whatsoever incurred in obtaining all such information and references.**

The foregoing answers are complete and true. No information has been withheld which would affect my application unfavorably. Each of my former employers and all other persons having information concerning me are authorized to give this information to Covenant House Florida. I authorize Covenant House Florida to release any information that may be requested regarding my employment here. References received and deemed unsatisfactory by Covenant House Florida may be considered sufficient cause for discharge.

I understand that if I become employed by Covenant House Florida, I may be required to again submit to a drug test as requested, and my failure to pass the test in accordance with minimum standards, will result in my termination of employment.

I understand that all new employees are appointed to positions on trial for six (6) months and that employment at Covenant House Florida does not imply an employment contract. I understand that Covenant House reserves the right to release me at any time.

Applicant Signature _____

Date _____



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CONSENT AGREEMENT AND RELEASE OF LIABILITY

I hereby consent to an examination including screening for alcohol, drugs and/or other chemical intoxicants. I further consent to allow the result of such testing to be provided to Covenant House Florida, or its agent, assignee, or a representative to the Unemployment Compensation Commission or other governmental agency.

If I am a job applicant, I understand that if I test positive for drugs or refuse to consent to be tested, I will be removed from further consideration for employment. If I am an employee, and if I test positive for drugs or refuse to consent to be tested, I may be disciplined up to and including termination.

I agree to hold harmless Covenant House Florida, the testing company, and all of their employees and agents, including its designated Medical Review Officer, from any action that may arise out of such test results being provided to Covenant House Florida, and its agents, assignee, or representatives, including its designated Medical Review Officer. I further authorize Covenant House Florida to release any and all information concerning my drug test to _____ in connection with any matter pertaining to the test results and any related matter arising from or connected with those results. This release of information is valid for a period of one year.

Print Name _____

Date _____

Signature _____

Witness _____

(Covenant House Florida official)