



The Arc of Putnam County, Inc.

1209 Westover Drive

Palatka, FL 32177

Phone: 386-325-2249

Fax: 386-3253527

## Employment Application

*The Arc of Putnam County, Inc. is an equal opportunity employer, dedicated to non-discrimination in employment on the basis of race, color, religion, sex, national origin, handicap, age, disability, and marital status. No question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on any basis prohibited by local, state, or federal law.*

<b>Personal</b>	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Last Name	First Name	Middle	Date	
	Street Address				Social Security Number	
	Apartment Number				Home Phone Number	
	City		State	Zip		Cell Phone Number
	Email Address				Business Phone Number	
	Only U.S. citizens or other persons who have a legal right to work in the U.S. are eligible for employment. Can you, upon employment, submit documentation verifying your legal right to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No				Are you \$# years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>Position</b>	Position Applied for	Date Available to Work	Wage or Salary Desired
	Have you ever applied with The Arc of Putnam County before? <input type="checkbox"/> Yes <input type="checkbox"/> No Is so, where/when?		

<b>Education</b>		Name and Location of School	Did you Graduate?	Degree or Diploma*	Course of Study
	High School		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	College		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Graduate School		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	GED or Other Professional Certification(s) or Training		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Trade Business or Correspondence Courses		<input type="checkbox"/> Yes <input type="checkbox"/> No		

\*A copy of your High School Diploma or G.E.D. will be required. A certified copy of your college transcript will be required for consideration of any degreed position.



# Additional Background Information

Please provide the names of three references:

Name:	Relationship:	Phone Number and Address:
Name:	Relationship:	Phone Number and Address:
Name:	Relationship:	Phone Number and Address:

During your employment with other employers, or during the education listed on your application and/or resume, have you ever worked under or used a different name?  Yes  No  
 If so, list other names:

Please explain any gaps in your employment history.

Have you received any written reprimands or disciplinary suspensions during any previous employment?  Yes  No  
 If yes, explain.

Have you ever been discharged or asked to resign?  Yes  No  
 If yes, explain.

Have you ever been convicted of, pled no contest to, or had adjudication withheld on a crime?  Yes  No  
 (A conviction or plea record will not necessarily disqualify an applicant for employment)  
 If so, state the nature of the offense(s), date(s), city and state and disposition. Attach a separate sheet if you need more space.

Have you ever had a verified finding of abuse, neglect, or exploitation of child or vulnerable adult by Florida Department of Children and Families or any other entity? (Persons that have such findings must acknowledge or be subject to immediate termination)  
 If so, please explain. Attach a separate sheet if you need more space.  Yes  No

Have you ever been a defendant in a civil court for an intentional tort (e.g., a civil wrong, assault, battery, fraud)?  Yes  No  
 (A conviction or plea record will not necessarily disqualify an applicant for employment)  
 If yes, for each action please specify the following:  
 (a) The nature of the civil action against you; and (b) the outcome of the action.

Do you have a contract with your current or a recent employer which has a post-termination non-compete non-solicitation, non-disclosure or confidentiality provisions?  Yes  No  
 If yes, please attach a copy or, if not available, describe the limitations or restrictions that would affect you if hired by The Arc of Putnam County.

**DRIVING RECORD:**

Do you have a valid driver's license?    Yes    No    What class of license do you possess? \_\_\_\_\_  
Driver's license Number: \_\_\_\_\_

Have you ever had your license or driving privileges revoked, suspended, or placed on probation?    Yes    No

If yes, please explain (include when, where and what action was taken): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How many speeding or other moving violations have you received in the last three (3) years? \_\_\_\_\_

List below all traffic violations (except parking) on your record for the last five (5) years and all motor vehicle accidents in which you were involved (use additional pages if necessary).

Date	Location	Description	Result

***Driver's License Check***

As an applicant for employment with The Arc of Putnam County, I hereby authorize The Arc of Putnam County to obtain a check of my driver license records.

Driver License Number \_\_\_\_\_ State \_\_\_\_\_

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

EMPLOYMENT APPLICATION CERTIFICATION

I hereby certify that all of the facts and information listed on this employment application are true and complete. I understand that any false, incomplete or misleading information given by me on this application is sufficient cause for rejection of this application. I also understand and agree that any such false, incomplete, or misleading information discovered on this application at any time after I am employed may result in my dismissal.

I hereby authorize the Company or independent contractor to investigate all statements contained in this application, to interview the references and previous employers listed in this application, and to obtain a report from a consumer reporting agency to be used for employment purposes in accordance with the Fair Credit Reporting Act. I authorize the references and previous employers listed to give the Company all facts, opinions and evaluations concerning my previous employment and any other information they may have, personal or otherwise, and release all such parties from any liability which may allegedly arise from furnishing such information to the Company, including, but not limited to, any liability for defamation or invasion of privacy.

If I am offered employment, I understand that such an offer will be conditioned upon satisfactory results of a background investigation and/or Company medical examination or inquiry, including a drug screen test. If then employed, I understand that I will be required to serve a ninety (90) day probationary period. I further understand that my employment and compensation can be terminated, with or without cause or notice, at any time, regardless of the successful completion of my probationary period, at the option of either the Company or myself. I understand that no supervisor or other representative of the Company other than the President of the Company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

I further understand and voluntarily agree as a condition of employment or my continued employment, that I may be requested by the Company to submit to a urinalysis or other drug screen test and that my failure to take such test(s) when requested to do so or unsatisfactory test results will disqualify me from consideration for employment, or if I am then employed, may result in my immediate dismissal.

I certify that I have read, understand and agree with the above.

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Date

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Signature of Applicant

## **AN OVERVIEW OF THE ARC OF PUTNAM COUNTY FACILITIES AND PROGRAMS**

FACILITY NAME	FACILITY CHARACTERISTICS
Carole Rd. aZ` yeB'SUW	Small behavioral home serving residents who display challenging behavioral patterns. aZ` yeB'SUW... There are approximately 6 occupants.
Husson Apartments	A supervised apartment setting. Some residents have challenging behaviors. There are 4 units with 2 occupants per unit.
Kennedy Street D[hVdEfdW	Group home specializing in severe, profound disabilities. Behavioral problems are sometimes encountered. There are approximately 12 occupants.
Westover Group Home	A group home focusing on the needs of residents having ambulation and other physical challenges. Behavioral problems are sometimes encountered. There are approximately 9 occupants.
Silver Lake Drive	A small group home focusing on the needs of older residents. Behavioral problems are rarely encountered. There are approximately 6 occupants.
Tyrrell Oaks	An assisted living facility. Residents live in individual apartments in a complex consisting of 12 units. Focus is on supporting independence as much as possible while providing supervision and needed supports. Behavioral problems are rarely encountered.
Palm Avenue Workshop	This workshop offers piecemeal contracts to provide work experience and work skill training opportunities for the consumers. The workshop operates Monday through Friday.
Whittaker Workshop	This workshop environment focuses on developing living skills and enhancing consumer education. The workshop operates Monday through Friday.
Supported Living Program	This program concentrates on supporting individuals to live as independently as possible in their own homes throughout the community.
Community Based Employment	This program concentrates on placing consumers into jobs in local businesses such as restaurants, factories and janitorial contracts. These employment opportunities support developing consumer independence.
Psycho - Social Rehabilitation	This service provides group activities and training to assist individuals with mental health challenges. It operates within the Whittaker Center and Palm Avenue Center Adult Day Training Programs.



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To: Putnam County Sheriff's Dept.  
PO Drawer 1578  
Palatka, FL 32178 -1578

### Local Background Check

The individual listed below has applied for a position covered under Chapter 85 – 54, Laws of Florida, and is required to have a local law enforcement check. Please provide any information you have in your records on this individual. Your cooperation and assistance in this matter is greatly appreciated.

**Subject Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Race:** \_\_\_\_\_

**Social Security #:** \_\_\_\_\_ **Sex:** \_\_\_\_\_

#### Results of Investigation:

Date of local law enforcement check: \_\_\_\_\_

Applicant to complete the following:

I hereby authorize the above facility to check any and all records pertaining to criminal convictions and for any law enforcement agency to release information regarding convictions under Florida Statutes or statutes of other jurisdictions.

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