

The Angelus, Inc.

Application For Employment

The Angelus, Inc. is an equal opportunity employer. In all our employment practices, including hiring, we are firmly committed to equal opportunities without regard to race, color, sex, age, national origin, citizenship, disability, or any other basis of discrimination prohibited by applicable state or Federal law. No question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on such grounds.

Note to Applicants.

The Angelus is a non-smoking facility

Applications that are not complete will not be accepted. Accepted applications will be held on file for 90 days.

Position desired: _____

Date: _____

An "ANY" response is unacceptable

Please mark all boxes for your availability :

- | | |
|--|--|
| <input type="checkbox"/> Full time (30 - 40 hours a week) | <input type="checkbox"/> Part time (under 30 hours a week) |
| <input type="checkbox"/> AM (various shifts: begin at 6/6:30 am or 8:30am or 10am with various ending times 2/2:30pm or 3:30pm or 8pm or 9pm) | <input type="checkbox"/> PM (various shifts: begin at 2pm or 2:30pm or 3pm with various ending times 8pm or 8:30pm or 9pm) |
| <input type="checkbox"/> Weekends(some shifts include Saturday or Sunday or both- we do not rotate) | |

Name: _____ SS#: _____

Address: _____
Street City, State, Zip County # of years

Previous State and County: _____ #of years/months: _____

Previous State and County: _____ #of years/months: _____

Telephone #: Home: _____ Cell: _____

Would you be known by any other name by an employer, school, references: Yes _____ No _____
If Yes, indicate what name: _____

Are you at least 18 years of age: _____ Yes _____ No

Are you at least 21years of age: _____ Yes _____ No

If hired, the federal government mandates each employer to complete and retain an I-9 (Employment Eligibility Verification) form. Do you have a legal right to live and work in the United States?
_____ Yes _____ No

What wage/salary do you expect: _____ If hired, when could you start work: _____

How did you hear about The Angelus? _____

Name of friends or relatives working at The Angelus, Inc. (Name and relationship):

The following question asks about convictions for crimes or service of probation resulting from criminal charges. If you have ever been convicted (no matter the year), please list the information. Failure to indicate this information may cause future termination or not allow us to consider you for employment.

Have you ever been convicted of a crime (including any guilty, no-contest, or similar pleas) or served probation (as result of deferred prosecution, pretrial intervention, or other similar agreement.)

Yes: _____ No: _____

If "yes," give all details: (A yes does not automatically disqualify you from employment, all circumstances will be considered according to the Agency for Persons with Disabilities licensing guidelines)

Are there restrictions on the hours or days of the week that you are available for work:

Yes: _ _ _ _ _ No: _ _ _ _ _ If "Yes," when are you available: _____

Have you ever been discharged (or terminated) by a former employer: Yes: ____ No: ____

If "Yes," please explain: _____

Personal References: Please furnish all necessary addresses and phone numbers.

Name:	Telephone # :
Address:	
Employer:	
How do you know the listed reference?	
Name:	Telephone # :
Address:	
Employer:	
How do you know the listed reference?	
Name:	Telephone # :
Address:	
Employer:	
How do you know the listed reference?	

Education

Name And Address of School	Graduated	Course or Major
Grade/High School:	Yes No	if no what was the last grade completed.
College:	Yes No	
Graduate School:	Yes No	
Other:	Yes No	

Are you currently enrolled in school? Yes: ____ No: ____ If "yes," what grade/year _____

Do you have any objections to the following:

	Yes	No
Employment History Check	_____	_____
Department of Children and Families Registry Background Check	_____	_____
FDLE Check	_____	_____
Local and County police Check	_____	_____
Fingerprinting by the Department of Children and Families or local Police Dept.	_____	_____

The Angelus

Summary Of Qualifications

If the questions do not pertain to the position in which you are applying for, please write N/A.

Qualifications for a Support Associate (direct care staff).

1. An associate's degree from an accredited college with a major in nursing, education or a social, behavioral or rehabilitative science.
2. Experience in one of the previously-mentioned fields shall substitute on a year-for-year basis for the required education. See below for examples.

Please list below any related experience that you may have:

Have you ever worked for an agency that cared for individuals with developmental disabilities?
If yes, please describe care provided and job duties, include dates of service:

Do you have any family or friends with developmental disabilities that you provided care for?
If yes, please describe care provided and job duties, include dates of service:

Do you have any family or friends that you assisted with medical care?
If yes, please describe care provided and job duties, include dates of service:

Do you have any family or friends that you assisted with personal care? Examples would include



The Angelus, Inc.

12413 Hudson Avenue
 Hudson, FL 34669
 (727) 856-1775
 Fax (727) 856-1070
 Email - angel@theangelus.com

Verification of Employment

Dear Applicant,

The Department of Children and Families, require that The Angelus check applicant's previous employers for the past 2 years. Please provide all of the following information so a timely and proper employer check can be performed. If you were a student, list the school or schools you attended. Applications that are not complete will not be accepted.

STARTING WITH THE MOST CURRENT DATE

From	To	Employer/School	
Job Title		Immediate Supervisor	
Address		City, State	Zip Code
Brief summary of work performed and job responsibilities			
Reason for leaving		Phone Number	
Person doing employer check:		Date Checked	
Comments			

From	To	Employer/School	
Job Title		Immediate Supervisor	
Address		City, State	Zip Code
Brief summary of work performed and job responsibilities			
Reason for leaving		Phone Number	
Person doing employer check:		Date Checked	
Comments			

From	To	Employer/School	
Job Title	Immediate Supervisor		
Address	City, State	Zip Code	
Brief summary of work performed and job responsibilities			
Reason for leaving		Phone Number	
Person doing employer check:		Date Checked	
Comments			

From	To	Employer/School	
Job Title	Immediate Supervisor		
Address	City, State	Zip Code	
Brief summary of work performed and job responsibilities			
Reason for leaving		Phone Number	
Person doing employer check:		Date Checked	
Comments			

From	To	Employer/School	
Job Title	Immediate Supervisor		
Address	City, State	Zip Code	
Brief summary of work performed and job responsibilities			
Reason for leaving		Phone Number	
Person doing employer check:		Date Checked	
Comments			

AUTHORIZATION

I authorize investigation of all statements in this application. I understand that misrepresentation or omission of the facts called for, is cause for dismissal.

I understand that I am on a **90-day probation period**. If within 90 days, I do not fulfill the job requirements, The Angelus, Inc., has the right to terminate my employment with The Angelus, Inc. This releases The Angelus, Inc., from paying any unemployment compensation benefits.

I understand that a drug screening must be completed and passed before employment. If my employment is terminated, for any reason, before the 90-day probation period is complete, **\$28.00**, the cost of the new hire drug screening will be deducted from my final paycheck.

I also understand that fingerprinting must be done at my expense before employment. The background checks will be performed by the County Police and Agency for Persons With Disabilities. In the event that my employment is terminated, for any reason, before the 90-day probation period is complete, **\$32.00**, the cost of processing the fingerprints for a background check will be deducted from my final paycheck.

If employment is terminated, for any reason during the first payroll period, the employee will be compensated at the current minimum wage.

I understand and agree to the above stipulations of employment.

Applicant's Signature: _____

Date: _____

AGREEMENT

PLEASE READ THE FOLLOWING CAREFULLY, AND SIGN IN THE SPACE PROVIDED.

I hereby certify that the facts set forth in this employment application (and accompanying resume, if any), are true and complete to the best of my knowledge, and I agree and understand that any misrepresentation or falsification of information or failure to disclose information during my employment application process may disqualify me from further consideration for employment and, if employed, will subject me to dismissal. I further certify that I am a true and bona fide job applicant, honestly interested in working in the positions for which I have applied, and am seeking employment with The Angelus solely to provide me with the benefits of a job and for no other purpose.

I understand that in connection with my application for employment an inquiry into my background may include an investigative consumer report, which provides applicable information concerning character, general reputation, personal characteristics, and standard of living. I understand that I have the right to make a written request within a reasonable period of time for information as to the nature and scope of any such report.

If employed, I agree to conform to all Angelus rules and regulations. In this regard, I understand that the Angelus may, at it's discretion, conduct searches of any Angelus or personal property, and I hereby consent to any such search. I also understand and agree that if employed, my employment is for an indefinite period of time, that either I or The Angelus may terminate my employment at will at any time, with or without cause or notice. I hereby disclaim the existence of any contract of employment, either expressed or implied.

This application is current for **90** days. At the conclusion of this time, if I have not heard from The Angelus, and still wish to be considered for employment, I understand that it will be necessary for me to submit a new application.

This agreement contains and represents the entire agreement between The Angelus, Inc., and me concerning the topics discussed herein. There are no oral or collateral agreements of any kind concerning such topics. I further understand and agree that this Agreement cannot be orally modified and that any subsequent modification of this Agreement, including the at-will status of my employment, must be in writing and duly executed by The Angelus program Administrator or his/her designee.

AUTHORIZATION TO RELEASE INFORMATION: I agree and understand that The Angelus, Inc. and it's agents may have investigated or sought information concerning my background and/or pervious employment, whether of record or not. I further agree and understand that if employed, The Angelus may at any time seek any information from whatever source, which in it's discretion, it deems relevant to my employment. Accordingly, I hereby authorize the previous employers and references listed in my application, or any other source contracted by The Angelus to give The Angelus any and all information concerning my previous employment, or any other information they may have, personal or otherwise. I hereby release The Angelus and its agents, and previous employers, and any other persons or entities whatsoever involved in such an investigation or inquiry from all liability of any kind, including any damages on account of the furnishing of such information.

NO DRUG USE POLICY: The Angelus, Inc. does not hire persons who use illegal drugs. All persons seeking employment may be required to take and pass a screen for illegal drugs; upon hire all employees will be required to take and pass a screen for illegal drugs; as well as all employees may be subject to periodic tests for illegal drugs. I hereby voluntarily consent to provide a urine specimen (blood specimen as required for alcohol testing only) at a collection facility designated by The Angelus, Inc., and further consent to have the specimen tested at a laboratory selected by The Angelus, Inc. I hereby certify that I (check one) **DO**_____ **OR DO NOT**_____ use illegal drugs.

Print Name: _____

Signature: _____

Date: _____



The Angelus, Inc.

12413 Hudson Avenue
Hudson, FL 34669
(727) 856-1775
Fax (727) 856-1070
Email - angel@theangelus.com

The Angelus, Inc.
Attention:
Laura Russ, HR Supervisor
12413 Hudson Ave
Hudson, FL 34669

Dear The Angelus, Inc.,

I am aware that consumer and motor vehicle reports may be obtained as part of The Angelus, Inc.'s evaluation of my job application and /or employment. The reports may be produced by The Angelus, Inc. or its insurance company representative(s), and may include personal information obtained from state motor vehicle departments, my driving record, an assessment of my insurability for the insurance program, or other consumer reports.

By signing this letter, I hereby provide my authorization for The Angelus, Inc., or their insurance company representative(s) to procure such information and reports, as well as additional reports about me from time-to-time as deemed appropriate, to evaluate my insurability or for other permissible purposes.

Sincerely,

Signature of Applicant/Employee

Date

Name as it appears on Driver License

Drive Licence Number/State of Issuance

Date of Birth