

EOE Statement

We are an Equal Opportunity Employer. We will consider applicants for this position without regard to any category protected by applicable federal, state or local law, including but not limited to: race, color, religion, sex, national origin, age, physical or mental disability, genetic information, veteran status or uniformed service member status.

Personal Information

Applicant Name	Date of Application	Position Requested
Street Address	City/State:	Zip Code:
Main Phone	Alternate Phone	
Email Address		
Desired Work Location:		Referred by:

Education (List Most Recent First)

Institution:	Institution Type:	Start Date:	Completion Date:
Location:			
Degree:	Overall GPA:		
Major:			
Notes:			
Institution:	Institution Type:	Start Date:	Completion Date:
Location:			
Degree:	Overall GPA:		
Major:			
Notes:			
Institution:	Institution Type:	Start Date:	Completion Date:
Location:			
Degree:	Overall GPA:		
Major:			
Notes:			
Institution:	Institution Type:	Start Date:	Completion Date:
Location:			
Degree:	Overall GPA:		
Major:			
Notes:			

Employment History (List Most Recent First)

Employer:				
Phone:				
Job Title:				
Duties:				
Reason for Leaving:				
Dates of Employment:		<i>From:</i>	<i>To:</i>	Rate of Pay:
Supervisor:				
May we contact?				
Employer:				
Phone:				
Job Title:				
Duties:				
Reason for Leaving:				
Dates of Employment:		<i>From:</i>	<i>To:</i>	Rate of Pay:
Supervisor:				
May we contact?				
Employer:				
Phone:				
Job Title:				
Duties:				
Reason for Leaving:				
Dates of Employment:		<i>From:</i>	<i>To:</i>	Rate of Pay:
Supervisor:				
May we contact?				

US Military Experience

Branch of Service:			
Rank at Discharge:		Years in Service:	
Highest Rank Attained:		Are you currently in the reserves?	
Additional Information:			

Licenses and Certifications

Certification Type:		Registration Number:	
Geographic Area:		Certification Date:	
Additional Information:			
Certification Type:		Registration Number:	
Geographic Area:		Certification Date:	
Additional Information:			
Certification Type:		Registration Number:	
Geographic Area:		Certification Date:	
Additional Information:			

Available Work Schedule

Day	Hours Available for Work
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

Other Previous Names

Name:	
Name:	
Name:	

References

Name:		Personal Reference?	
Organization:		Title:	
Phone:		Email:	
Address:			
Name:		Personal Reference?	
Organization:		Title:	
Phone:		Email:	
Address:			
Name:		Personal Reference?	
Organization:		Title:	
Phone:		Email:	
Address:			

Additional Questions

How did you hear about our Agency, and what do you know about our services? (Insert "Yes" in the box below)

Agency Website:

Referral (Name of Individual):

Employ Florida:

Other:

Do you have any friends or relatives employed with this Agency or serving on the Board of Directors?

If "Yes" please provide name and relationship:

Have you ever been charged with a crime, pled guilty or "no contest" to a crime, had adjudication withheld, prosecution deferred, or do you have any criminal charges pending?

If "Yes" please provide additional details and dates for each situation.

What minimum hourly compensation are you expecting from working in this position?

If it is determined that you are not eligible for this position, would you like information on Agency positions for which you may qualify?

If yes, please provide a general area of interest:

Additional Information Requested

**Send Resume, Credentials and this Completed Application to:
 HR@cacaainc.org**

Please read carefully before signing

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I certify that the facts set forth in this employment application and attached application materials including but not limited to my resume, are complete, true and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for this position or if hired, disciplinary action up to and including discharge.

I understand that as part of the hiring process and where permitted by federal, state, and/or local law the company may wish to obtain "consumer reports" as part of a background investigation. If applicable and permitted by law, I understand the company will provide me with separate written notification of this intent and I agree to complete any requisite authorization forms.

THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. IF HIRED, I UNDERSTAND THIS MEANS THAT EITHER THE COMPANY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT NOTICE OR CAUSE. FURTHER, NO EMPLOYEE OR REPRESENTATIVE OF THE COMPANY IS AUTHORIZED TO ENTER INTO AN AGREEMENT, EXPRESS OR IMPLIED, WITH ME OR ANY OTHER APPLICANT FOR EMPLOYMENT FOR A SPECIFIED PERIOD OF TIME UNLESS SUCH AN AGREEMENT IS IN A WRITTEN CONTRACT SIGNED BY THE PRESIDENT OF THE COMPANY.

I authorize the company to confirm all statements in this application and/or on my resume as it relates to the position and to the extent permitted by applicable law. I hereby release the company and its authorized representatives to verify all information provided by me. I authorize any party contacted by this employer including persons, schools, organization or former employers to disclose such information from any liability, claims, charges or causes of action which may result of the delivery or disclosure of requested information.

I have read all of the information contained in this candidate profile.

Print Name:

eSignature:

Date: