



EMPLOYMENT APPLICATION

Return to:
Human Resources Department
2634-J Capital Circle, NE
Tallahassee, Florida 32308
(850) 523-3218

APPLICATION INSTRUCTIONS/PROCEDURES:

Please read carefully before completing your application.

- You must complete an Apalachee Employment Application to be considered for a position at Apalachee Center, Inc. (You may attach a resume, **but the application must be fully completed in order to be considered for a position.**)
- All information you submit is subject to verification. All persons recommended for employment must undergo a law enforcement background screening and drug screening. We must receive a copy of high school diploma or *official* college transcripts within 30 days of hire if required for the position or represented on your application.
- We will accept a photocopy of the application but it must contain an original signature and date. Applications must be signed and dated to permit processing.
- Please print in ink or type all information.
- Please complete all items that apply to you. **An incomplete application may delay or prevent processing.**
- Applications may be mailed **or** delivered to the Human Resources Department at 2634-J Capital Circle, N.E., Tallahassee, Florida 32308.
- Notify the Human Resources Department in advance if you require special disability accommodations to participate in the employment process.

WHERE TO FIND JOB VACANCY INFORMATION:

- On the Internet: www.apalacheecenter.org

APALACHEE CENTER, INC. EMPLOYS ONLY U.S. CITIZENS AND LAWFULLY AUTHORIZED ALIENS WHO CAN PROVIDE EVIDENCE OF THEIR IDENTITY AND EMPLOYMENT ELIGIBILITY AS REQUIRED BY FEDERAL LAW. APALACHEE CENTER, INC. IS AN AT-WILL EMPLOYER.

**AN EQUAL OPPORTUNITY /AFFIRMATIVE ACTION EMPLOYER
DRUG-FREE WORKPLACE**

APALACHEE CENTER, INC. DOES NOT TOLERATE VIOLENCE OR HARASSMENT IN THE WORKPLACE

APALACHEE CENTER, INC.

CONFIDENTIAL EQUAL EMPLOYMENT OPPORTUNITY SURVEY

TO ALL APPLICANTS: The following information is requested to assist Apalachee Center in its Federal reporting requirements under the Equal Employment Opportunity regulations. No personal identifying information is released. Please be advised that it is unlawful for an employer to fail or refuse to hire any individual or deprive any individual of employment opportunities because of race, color, religion, sex, national origin, age, marital status, handicap, disability, or military status.

DATE OF BIRTH: _____ / _____ / _____

SEX: Male Female

CURRENT DATE: _____ / _____ / _____

HOW DID YOU LEARN OF THIS POSITION:

- Newspaper Friend/Family Web Site School Walk-In
- Apalachee Employee: _____ Other: _____

VETERAN STATUS: If applicable, please check the appropriate box:

- Special Disabled Veteran– (I) a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Department of Veterans’ Affairs for a disability (A) rated at 30 percent or more, or (B) rated at 10 or 20 percent in the case of a veteran who has been determined under Section 38 U.S.C. 3106 to have a serious employment handicap or (ii) a person who was discharged or released from active duty because of a service-connected disability.
- Veteran of the Vietnam-Era–A person who: (I) served on active duty in the U.S. military, ground, naval, or air service, for a period of more than 180 days, and who was discharged or released therefrom with other than a dishonorable discharge, if any part of such active duty was performed: (A) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (B) between August 5, 1964, and May 7, 1975, in all other cases; or (ii) was discharged or released from active duty in the U.S. military, ground, naval or air service for a service-connected disability if any part of such active duty was performed (A) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (B) between August 5, 1964, and May 7, 1975, in any other location.
- Newly Separated Veterans’-Any veteran who served on active duty in the U.S. military, ground, naval or air service during the one-year period beginning on the date of such veteran’s discharge or release from active duty.
- Other Eligible Veterans-Veterans who served on duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized.

RACE: Check one of the following:

- Alaskan Native Hispanic American Indian
- Pacific Islander Asian White (not of Hispanic origin)
- Black (not of Hispanic origin)

**APALACHEE CENTER, INC.
EMPLOYMENT APPLICATION**

LAST NAME: _____ FIRST NAME: _____ MI: _____
 ADDRESS: _____ CITY/STATE: _____ ZIP CODE: _____
 HOME PHONE:() - BUSINESS PHONE: () - CELL PHONE: () -

POSITIONS FOR WHICH YOU ARE APPLYING: Position title and position # *must be included* in order for HR to process application.

Pos. #: _____ Title: _____ Full-Time-Equivalent Years of Related Experience: _____
 Pos. #: _____ Title: _____ Full-Time-Equivalent Years of Related Experience: _____
 Pos. #: _____ Title: _____ Full-Time-Equivalent Years of Related Experience: _____

Date Available to Begin Work: Immediately or ____/____/____ Minimum Acceptable Salary/Rate per hour: \$ _____

I am available to work: Available Days / Shifts (PLEASE CHECK ALL THAT APPLY):
 Full-Time Part-Time OPS (On-Call) Monday - Friday 8 am-5pm 7:30am-4pm 3:30pm-12am 11:30p-8a
 Friday-Thursdays 7:30 am-8pm 7:30pm-8am
 Saturday & Sunday 7:30am-8pm 7:30pm-8am

I am available to work in the following counties (PLEASE CHECK ALL THAT APPLY):

Leon Gadsden Wakulla Madison Jefferson Liberty Franklin Taylor

HIGH SCHOOL: _____ RECEIVED: Diploma* GED* None
NAME/ADDRESS OF SCHOOL

*Note: If highest degree, please attach a copy of your H.S. DIPLOMA/GED to application if available (required within 30 days if hired).

COLLEGE, UNIVERSITY OR PROFESSIONAL SCHOOL:

Name of School	Location	Dates of Attendance (Month/Year) From/To	Credit Hours Qtr/Sem	Major/Minor Course of Study	Type Degree Earned*

*Note: Please attach a copy of your college DIPLOMA to application if available. If hired, OFFICIAL TRANSCRIPTS for highest degree earned / coursework must be submitted to HR within 30 days of sign-on if required for the position or represented on application.

LICENSURE, REGISTRATION, CERTIFICATION (RN, LPN, CNA, LCSW, CPR, First Aid, Etc.):

Type	Number	Date Received	Expiration Date
		____/____/____	____/____/____
		____/____/____	____/____/____

*Please Note: Please attach copies if available. If hired, copies of licenses/certifications will be required at sign-on / 1st day of employment.

JOB RELATED TRAINING OR COURSE WORK (Vocational, Trade, Governmental, Business, Armed Forces, Etc.):

Name of School	Location	Dates of Attendance (Month/Year) From/To	Credit Hours Class/Clock	Major/Minor Course of Study	Training Complete*

*Please Note: If hired, copies of Certificates of Completion will be required for classes listed on application or required for the position.

DRIVER'S LICENSE STATUS: DO YOU HAVE A CURRENT, VALID DRIVER'S LICENSE? YES NO

CLASS: D E Other : _____ *AT TIME OF APPLICATION, NUMBER OF CONVICTION POINTS: _____

*Note: CURRENT, VALID DRIVER'S LICENSE WITH NO MORE THAN 12 POINTS WITHIN THE PAST THREE (3) YEARS REQUIRED FOR SOME POSITIONS. IF HIRED, A DRIVER'S LICENSE TRANSCRIPT OF DRIVER RECORD FROM THE DEPARTMENT OF MOTOR VEHICLES WILL BE REQUIRED.

EMPLOYMENT RECORD: Begin with your present or most recent job and describe the specific duties and responsibilities. All periods of employment must be listed including, self-employment, internships, military service, unpaid and/or volunteer services. Attach additional page on the back of this application if necessary. Provide an explanation of any gaps in employment. You may attach a resume, but all requested information must be completed on the application to be considered for a position.

1. PRESENT OR LAST EMPLOYER:

JOB TITLE _____ SPECIFIC DUTIES: _____
COMPANY _____
CITY /STATE _____ COUNTY _____
PHONE () - FAX () -
SUPERVISOR'S NAME: _____
DATES EMPLOYED: (FROM) ___/___/___ (TO) ___/___/___
HOURS WORKED PER WEEK: _____ SALARY: \$ _____ PER _____
REASON FOR LEAVING: _____

2. NEXT PREVIOUS EMPLOYER:

JOB TITLE _____ SPECIFIC DUTIES: _____
COMPANY _____
CITY /STATE _____ COUNTY _____
PHONE () - FAX () -
SUPERVISOR'S NAME: _____
DATES EMPLOYED: (FROM) ___/___/___ (TO) ___/___/___
HOURS WORKED PER WEEK: _____ SALARY: \$ _____ PER _____
REASON FOR LEAVING: _____

3. NEXT PREVIOUS EMPLOYER:

JOB TITLE _____ SPECIFIC DUTIES: _____
COMPANY _____
CITY /STATE _____ COUNTY _____
PHONE () - FAX () -
SUPERVISOR'S NAME: _____
DATES EMPLOYED: (FROM) ___/___/___ (TO) ___/___/___
HOURS WORKED PER WEEK: _____ SALARY: \$ _____ PER _____
REASON FOR LEAVING: _____

4. NEXT PREVIOUS EMPLOYER:

JOB TITLE _____ SPECIFIC DUTIES: _____
COMPANY _____
CITY /STATE _____ COUNTY _____
PHONE () - FAX () -
SUPERVISOR'S NAME: _____
DATES EMPLOYED: (FROM) ___/___/___ (TO) ___/___/___
HOURS WORKED PER WEEK: _____ SALARY: \$ _____ PER _____
REASON FOR LEAVING: _____

KNOWLEDGE, SKILLS AND ABILITIES: Other skills, knowledge and abilities relevant to the job position(s) for which you are applying _____

CRIMINAL BACKGROUND INFORMATION

ITEMS 1 - 4 MUST BE COMPLETED IN FULL. *PLEASE NOTE:* APALACHEE COMPLETES AN OFFICIAL LAW ENFORCEMENT /BACKGROUND SCREENING CHECK FOR EACH APPLICANT RECOMMENDED FOR EMPLOYMENT. **ANY APPLICATION OMISSION, FALSIFICATION, OR MISREPRESENTATION WILL BE GROUNDS FOR REMOVAL OF APPLICATION FOR EMPLOYMENT (REGARDLESS OF THE APPLICANT’S UNDERSTANDING THAT RECORDS HAVE BEEN SEALED OR EXPUNGED).** *Note: A “YES” answer to these questions will not automatically bar you from employment. The nature, job-relatedness, severity and date of the offense in relation to the position for which you are applying are considered. Please attach any statement or documentation (e.g., court documents) that you would like us to consider in determining relevance / eligibility for employment consideration.

1. **HAVE YOU EVER BEEN CONVICTED OF A FELONY OR A MISDEMEANOR?** YES* NO
*If “YES”, what charges? _____

Please explain: _____

Where Convicted? _____ Date of Conviction? ____/____/____
city/state county Felony Misdemeanor
Disposition: _____

2. **HAVE YOU EVER PLEAD NOLO CONTENDERE OR PLED GUILTY TO A CRIME WHICH IS A FELONY OR A MISDEMEANOR?** YES* NO
*If “YES”, what charges? _____

Please explain: _____

Where? _____ Date of Plea? ____/____/____
city/state county Felony Misdemeanor
Disposition: _____

3. **HAVE YOU EVER HAD ADJUDICATION OF GUILT WITHHELD TO A CRIME WHICH IS A FELONY OR MISDEMEANOR?** YES* NO
*If “YES”, what charges? _____

Please explain: _____

Where? _____ Date of Adjudication? ____/____/____
city/state county Felony Misdemeanor

4. **ARE YOU NOW UNDER INVESTIGATION AND/OR CHARGES FOR ANY VIOLATION OF LAW?** YES* NO
*If “YES”, nature of investigation and/or charges: _____

Where? _____ Date investigation began? ____/____/____
city/state county Felony Misdemeanor
Current Status: _____

AFFIDAVIT OF GOOD MORAL CHARACTER

Each applicant must complete the attached Affidavit of Good Moral Character form that lists criminal offenses which may disqualify employment at Apalachee due to the nature of our business. If you sign the section which indicates “my record may contain one or more disqualifying acts or offenses,” please add or attach an explanation of the act, related charges, circumstances, conditions, and disposition of the criminal offenses (include any related documentation, e.g., court papers, that you would like us to review in determining relevance / eligibility for employment consideration). **Please Note:** You must acknowledge the existence of any criminal records relating to the listed offenses regardless of whether or not those records have been sealed or expunged.

CITIZENSHIP

ARE YOU A U.S. CITIZEN OR ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.? YES NO

NOTE: Apalachee Center, Inc. hires only U.S. citizens and lawfully authorized alien workers. If a conditional offer of employment is made, you will be required to provide identification and proof of citizenship or authorization to work in the U.S.

RELATIVES

Do any of your family members or relatives (including in-laws) currently work at Apalachee or serve on Apalachee’s Board of Directors? YES* NO

*If, “YES”, please list Name(s) and Relationship(s): _____

All employees of Apalachee Center, Inc. are employed at will and as such are free to resign at any time without reason. Apalachee Center, Inc. likewise, retains the right to terminate an employee’s employment at any time with or without reason or notice subject to Federal and State statutory limitations taking precedence over same.

CERTIFICATION: I hereby certify that all statements made on this application are true. I am aware that any omissions, falsifications, misstatements, or misrepresentations above may disqualify me for employment consideration and, if I am hired, may be grounds for termination at a later date. I understand that Apalachee Center, Inc. may contact my previous employers and my current employer for employment verification and reference. I understand that Apalachee Center, Inc. will conduct a law enforcement background/screening check in accordance with Apalachee Center Policy and/or Florida Law. I understand that a falsification on this application regarding a criminal record will be grounds for rejection or termination if employed. I understand that if employed in an applicable position, I will be required to submit to a health screening as set forth in relevant policies, procedures and regulations. I have also read and understand the Apalachee Center Drug-Free Workplace and Drug Testing Policy on the back of this page. I understand that if I am recommended for employment with Apalachee Center, I will be required to undergo drug testing and that a negative drug test is a condition of employment. Refusal to submit to a drug test will be grounds for rejection. I authorize Apalachee Center, Inc. to request a transcript/license when necessary to verify education/credentials. I certify that to the best of my knowledge and belief all of the statements contained herein and on any attachment are *true, correct, complete and made in good faith.*

APPLICANT SIGNATURE: _____ **DATE:** ____/____/____

DRUG-FREE WORKPLACE POLICY

Apalachee Center, Inc. is committed to maintaining a safe, productive work environment at all Center facilities and work sites and to safeguarding the Center's clients and property. The use of alcohol and/or drugs can undermine employee productivity, the quality of the Center's standard of service to the community and the Center's image. This Drug Free Workplace Policy is implemented pursuant to the requirements under F.S. 440.102 and administrative rules 59A-24 of the Department of Labor and Employment Security, Division of Workers' Compensation. A one time 60 day notice was given to all employees prior to the effective date of this policy.

Apalachee Center, Inc. prohibits the unlawful manufacture, distribution, dispensation, possession or use of, or being under the influence of a controlled substance, illegal drug or alcohol at the work place, while on duty in any location, while on Center property, including operating or riding as a passenger on or in any Center-owned equipment/vehicle and while traveling in duty status on Center business.

It is the policy of the Center to promote a drug-free workforce, including the use of fair and reasonable drug testing methods administered only under specified and appropriate conditions.

Any employee found in violation of the above stated policy is subject to disciplinary action including dismissal. Employees are required to report drug-related criminal convictions within (5) five days of the conviction.

An employee who voluntarily participates in a rehabilitation program or EAP may be retained and allowed to seek rehabilitation if the Center determines the employee's continued employment would not cause a direct threat to property, safety or reflect negatively on the Center.

An employee taking a drug or other medication, whether or not prescribed by a physician for a medical condition, which is known or publicized as possibly impairing judgement, coordination, or other senses important to the safe and productive performance of work, must notify his/her supervisor prior to starting to work. The supervising management team member in consultation with the Human Resources Department will decide whether the employee can continue to work, and/or will impose any necessary work restrictions. The failure to so notify a supervisor may result in disciplinary action.

If an employee suffers an injury during the course of and in the scope of his/her employment and medical attention is required, or is the driver of a vehicle involved in an accident while on Agency business or property, the Center will test for the presence of alcohol and/or drugs pursuant to the applicable provisions contained herein. If an injured employee refuses to submit to a test for alcohol and/or drugs, the employee will lose eligibility for workers' compensation medical/indemnity benefits and may be terminated.

Drugs are defined as alcohol, including distilled spirits, wine, malt beverages and intoxicating liquors; amphetamines; cannabinoids; cocaine; phencyclidine (PCP); hallucinogens; methaqualone; opiates; barbiturates; benzodiazepines; synthetic narcotics; designer drugs; or a metabolite of any of the substances listed herein. The Center will test for the following drugs: Marijuana Metabolite, Barbiturates, Cocaine Metabolite, Benzodiazepine, Opiates, Methadone, Phencyclidine (PCP), Methaqualone, Amphetamines, Propoxyphene

Over-the-counter and prescription drugs which could alter or affect the outcome of a drug test are as follows:

Alcohol--All liquid medications containing ethyl alcohol (ethanol). Please read the label for alcohol content. As an example, Vick's Nyquil is 25% (50 proof) ethyl alcohol, Comtrex is 20% (40 proof), Contac Severe Cold Formula Night Strength is 25% (50 proof) and Listerine is 26.9% (54 proof).

Amphetamines--Obetrol, Biphedamine, Dexoxy, Dexedrine, Didrex

Cannabinoids--Marinol (Dronabinol, THC)

Cocaine--Cocaine HCl topical solution (Roxanne)

Phencyclidine--Not legal by prescription

Methaqualone--Not legal by prescription

Opiates--Paregoric, Narepectolin, Donnagel PG, Morphine, Tylenol with Codeine, Empirin with Codeine, APAP with Codeine, Aspirin with Codeine, Robitussin AC, Guaiatuss AC, Novahistine DH, Novahistine Expectant, Dilaudid (Hydromorphone), M-S Contin and Roxanol (morphine sulfate), Percodan, Vicodin, etc.

Barbiturates--Phenobarbital, Tuinal, Amytal, Nembutal, Seconal, Lotusate, Fiorinal, Fioricet, Esigic, Butisol, Nembaral, Butabarbital, Butabital, Phrenilin, Triad, etc.

Benzodiazepines--Ativan, Azene, Clonopin, Dalmane, Diazepam, Librium, Xanax, Serax, Tranxene, Valium, Verstran, Halcion, Paxipam, Restoril, Centrax

Methadone--Dolophine, Methadose

Propoxyphene--Darvocet, Darvon N, Dolene, etc.

Employee Drug Testing--Reasonable Suspicion--An employee who is suspected of drug use as defined by this policy may be required to undergo drug testing if there is reasonable suspicion based on observable behavior or other factors. This may include unexplained erratic behavior, or abnormal conduct while on duty, deterioration in work performance, high rate of tardiness or absenteeism, evidence that an individual has caused or contributed to an accident while on duty or while on or in Center property, other behavior that gives rise to a reasonable suspicion of substance abuse. If an employee is suspected of being under the influence of alcohol, drugs or controlled substances, steps should be taken by the responsible supervisor in consultation with the Human Resources Department to insure that he/she does not drive a motor vehicle. Supervisors/managers will request through supervisory channels to the Chief Executive Officer to conduct a drug test on an employee for reasonable suspicion. In no case will the employee's immediate supervisor make the final decision whether an employee is to be tested. The final decision will be made by the Chief Executive Officer.

Applicant Drug Testing--All applicants being recommended for employment by supervisors are required to submit to drug testing analysis as part of their pre-employment requirements. Notification that applicants are subject to drug testing will appear on the application forms. A negative drug test result is a condition of employment. A job applicant may confidentially report the use of prescription or non-prescription medication prior to or after testing by contacting the supervisor of the Center's Human Resources Department. The presence of illicit drugs is grounds for rejection. Applicants who test positive for the presence of drugs will be informed of that fact and will be given an opportunity to explain the positive result. An applicant who tests positive and who has no satisfactory explanation will be ineligible for employment with the Center for six months following the positive test result date.

Follow-Up Testing--If an employee in the course of employment enters an employee assistance program for drug-related problems or an alcohol and drug rehabilitation program, the Center may require the employee to submit to a drug test as a follow-up to such program and on a quarterly, semi-annual or annual basis for up to two years thereafter.

Positive Confirmed Drug Test Contest/Explanation/Rights - Employees/job applicants have the right to consult the testing laboratory for technical information regarding prescription and non-prescription medications. Within 5 working days after receiving notice of a positive confirmed test result, the Center will inform the employee/job applicant in writing of such positive test results, the consequences of such results and the options available to the employee/job applicant. Within 5 working days after receiving notice of a positive confirmed test result, the employee/job applicant may submit information to the Center explaining or contesting the test results and why the results do not constitute a violation of the Center's policy. A positive test result which is due to prescription medication requires a written certification from the licensed physician who prescribed the medication. If the employee's/job applicant's explanation or challenge of a positive test result is unsatisfactory to the Center, the employee/job applicant will receive a written explanation along with a copy of the report of positive results. The employee/job applicant may contest the drug test result pursuant to the rules adopted by the Department of Labor and Employment Security. It is the responsibility of the employee/job applicant to notify the testing laboratory of any administrative or civil action brought pursuant to Section 440.102, Florida Statutes.

Drug Test Refusal--If an employee or job applicant refuses to submit to a drug test, the Center may discipline or dismiss the employee and refuse to hire the job applicant.

Confidentiality--All information, interviews, reports, statements, memoranda, and drug test results, written or otherwise, received by the employer through a drug testing program are confidential communication and may not be used or received in evidence, obtained in discovery or disclosed in any public or private proceedings, except in accordance with Section 440.102, Florida Statutes or in determining compensability under the statute.

Employee Assistance Program Contact--Human Resources, Apalachee Center, Inc., 2634-J Capital Circle, N.E., Tallahassee, Florida 32308, (850) 523-3215.

Local Alcohol/Drug Rehabilitation Programs--Primary Care Center, 2634 Capital Circle, N.E., Tallahassee, Florida 32308, (850) 523-3333.

Center's Drug Testing Laboratory--Quest Diagnostics, Inc., 1898 Buford Blvd., Tallahassee, Florida 32308, (850) 877-6111 OR 1605 East Plaza Drive, Tallahassee, Florida 32308, (850)877-5171.

Reference Section 440.102 Florida Statutes and administrative rules 59A-24 of the Department of Labor and Employment Security, Division of Workers' Compensation.
