



Angelwood, Inc.

ELIGIBILITY REQUIREMENTS FOR EMPLOYMENT

Thank you for considering Angelwood for employment!

Below is a list of requirements that you must meet in order to be eligible for employment. If you have any questions, please call our Human Resources Coordinator at 904-288-7259 Ext. 15.

Angelwood, Inc. considers applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status or any other legally protected status.

Angelwood is an Equal Opportunity Employer and a Drug Free Workplace.

PLEASE READ BEFORE COMPLETING THIS APPLICATION!

NOTE: If you have ever been convicted of or plead no contest to certain criminal offenses, this may disqualify you as an applicant, as you will be unable to pass a Level 2 background screening under Chapter 435, Florida Statutes.

Disqualifying offenses are listed on the Affidavit of Good Moral Character.

REQUIREMENTS FOR APPLICATION

Employees of Angelwood must be at least 18 years of age, have a high school diploma or equivalent and one year of experience working in a medical, psychiatric, nursing or child care setting or in working with persons who have a developmental disability. College, vocational or technical training equal to 30 semester hour can substitute for the required experience.

- 2 Years of verifiable work history (see next page for exceptions).
- Be a United States citizen or have a current, legal work visa.
- If selected, you must be able to provide a current Drivers license & Social Security card.

*Please return the application portion of this package along with the written questions **and the Local Law Check RESULTS**. Resumes may be attached, but application must be completed to apply. You will be contacted by a member of management if you are selected for an interview.
Job applications remain on file with Angelwood for 30 days.*

APPLICATION FOR EMPLOYMENT

ANGELWOOD, INC.

Angelwood, Inc. considers applicants for all positions without regard to race, color, religion, creed, gender national origin, age, disability, marital or verteran status or any other legally protected status.

PLEASE PRINT ALL INFORMATION

Position applied for: _____ Date application submitted: _____

Last Name	First Name	E-mail address
Steeet Address	City	State Zip
Home Telephone Number	Cell Number	Social Security Number

Indicate the days of the week and hours of the day you are available to work:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

The date you would be available to begin work: _____

What is the best time to contact you? _____

Are you presently employed?

If yes, may we contact your present employer?

Do you have friends or relatives working at Angelwood, Inc.?

If "Yes", please list _____

Have you submitted an application with Angelwood before?

If under 18, can you provide proof of eligibility to work?

Can you provide a proof of citizenship or immigration status if employed?

Yes	No

How did you learn about the job opening? _____

EDUCATION - Verification is required	
Name of High School	Year Completed
Address of High School	
Name of College	Degree received or Years Completed
Address of College	Course of study

Other Education - Verification is required

Name of school, or training facility	Certification Received
Address	Course of Study

Describe any specialized training, apprenticeships and skills: _____

List professional, trade, business or civic activities and office held: _____

State any additional information you feel may be helpful to us in considering your application: _____

Employment Experience: Start with your present or last job.

Note: Must have two years minimum work history or have explanation for not working (i.e. Stayed at home to raise children, help with elderly relatives, leave of absence, etc)

Employer	Employed	From	To
Address			Job Title
Reason for Leaving	Name of Supervisor		Telephone Number
Employer	Employed	From	To
Address			Job Title
Reason for Leaving	Name of Supervisor		Telephone Number
Employer	Employed	From	To
Address			Job Title
Reason for Leaving	Name of Supervisor		Telephone Number

Employer	Employed	From	To
Address	Job Title		
Reason for Leaving	Name of Supervisor	Telephone Number	
If you need additional space, please continue on a separate sheet of paper.			

APPLICANT'S STATEMENT:

I certify that all the answers given herein are true and complete. I authorize investigation of all statements contained in this application for employment. I understand and acknowledge that any employment relationship is of an "at will" nature, meaning that the employee or employer may terminate the employment at any time with or without cause. If employed, I understand that false or misleading information given in my application or interview may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer. This application for employment shall be considered active for a period of time not to exceed 45 days. **DO NOT ANSWER THE QUESTIONS BELOW UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS THE JOB FOR WHICH YOU ARE INTERVIEWING.**

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? I have received & reviewed a list of the activities involved in such job or occupation. Yes _____ No _____

Applicant's Signature

Date

APPLICANT DRUG TESTING CONSENT AGREEMENT:

As a prerequisite to employment, I hereby agree to allow Angelwood, Inc. to collect samples from me to determine the presence of illegal drugs in my body. Further, I give my consent to the release of my test results to Angelwood's authorized management for appropriate review and authorize Angelwood to use the test results as a defense to any legal action to which I am a participant. I understand that the results of the drug testing, if confirmed positive, will remove me from consideration for employment. I also understand that if I refuse to consent, I will be removed from further consideration for employment.

Further, I understand that if employed by Angelwood, I must abide by the terms of Angelwood's drug-free workplace policy and may be required to submit to testing for the presence of illegal drugs or alcohol. I understand that submission to such testing is a condition of employment with Angelwood, and disciplinary action, up to and including discharge, may result if, 1) I refuse to consent to such testing, 2) I refuse to execute all forms of consent and releases of liability as are usually and reasonably attendant to such examinations, 3) I refuse to authorize release of the test results to Angelwood, if the tests establish a violation of Angelwood's drug-free workplace policy, or 4) I otherwise violate the policy.

I hereby consent to the administration of the drug test and to the terms & conditions of the consent agreement.

Applicant's Signature

Social Security Number

Date

I hereby refuse the drug testing detection test.

Applicant's Signature

Social Security Number

Date

FOR PROSPECTIVE EMPLOYEES

NAME: _____

DATE: _____

Weekends can be difficult for the consumers because they enjoy getting out of the house and attending school and their routine has been disrupted. If you had the freedom to do whatever you wanted, how might you plan a weekend to minimize their boredom?

You see another employee completing a task incorrectly, how would you handle the situation?

What would you do if a consumer threw their plate of food?

What would you do if a consumer sat down in the middle of the mall and refused to move?

Let's pretend a neighbor comes over complaining it's too noisy. You think it's quiet considering some of the consumers are on an outing and the others are scattered throughout the house. How would you respond to the neighbor?

You're on an activity at the park with two consumers. You get back in the van and it won't start. It's 100 degrees outside. What would you do?



Angelwood, Inc.

Release Form for Employment Verification

Employee Name (PLEASE PRINT)

Today's Date

SSN

Daytime Phone Number

Please indicate information that may be released:

Dates of Employment
Job Title

I, _____, authorize the release of the above noted information to
Human Resources at Angelwood, Inc.

DO NOT COMPLETE THIS SECTION

Company: _____

Name of Contact Person: _____

Address: _____

City, State, Zip: _____

Phone/Fax: _____

Signature of Employee

Sara M. Rieger
Human Resources Director
Angelwood, Inc.

Office: 904-288-7259
Fax: 904-288-7260
srieger@angelwoodjax.org

AFFIDAVIT OF GOOD MORAL CHARACTER

State of Florida

County of _____

Before me this day personally appeared _____ who, being duly sworn, says:

I am an applicant for employment as a direct service provider or other individual screened pursuant to Chapter 435, Florida Statutes, and Section 393.0655, Florida Statutes, or I am currently employed as a direct service provider with:

Angelwood, Inc.

By signing this form, I swear and affirm that I have not been found guilty of or entered a plea of guilty or nolo contendere (no contest) to, regardless of the adjudication, any of the following charges under the provisions of the Florida Statutes or under any similar statute of another jurisdiction. I attest that I have not been arrested for any of the following offenses and am currently awaiting disposition. I also attest that I have not been adjudicated delinquent for any of the following offenses, regardless of whether the records have been sealed or expunged.

I understand that I must acknowledge the existence of any criminal records relating to the following list of offenses. I understand that I am also obligated to notify my employer of any possible disqualifying offenses that may occur while employed in a position subject to background screening under Chapter 435, Florida Statutes. I further understand that the list stated below is subject to change and may include offenses that were not previously included.

NOTE: *The following list of offenses has been updated August 1, 2010, and includes offenses specifically applicable to direct service providers under Chapter 393, Florida Statutes.*

Offenses Relating to:

- | | | |
|-----------|-----------|---|
| Sections: | 393.0674 | Felony offenses for the release or use of information from juvenile records of the Agency for Persons with Disabilities for any purpose other than screening for employment |
| | 393.135 | Sexual misconduct with certain developmentally disabled clients or threats and/or coercion relating to reports or testimony of sexual misconduct |
| | 394.4593 | Sexual misconduct with certain mental Health patients |
| | 409.920 | Medicaid provider fraud |
| | 409.9201 | Medicaid fraud |
| | 415.111 | The filing or disclosure of information from reports of adult abuse, neglect, or exploitation of aged persons or disabled adults |
| | 741.30 | Criminal acts that constitute domestic violence as defined in section 741.28, Florida Statutes |
| | 782.04 | Murder |
| | 782.07 | Manslaughter, aggravated manslaughter of an elderly person or disabled adult, or aggravated manslaughter of a child |
| | 782.071 | Vehicular homicide |
| | 782.09 | Killing of an unborn child by injury to the mother |
| Chapter: | 784 | Assault, battery, and culpable negligence, if the offense was a felony. |
| Sections: | 784.011 | Assault, if the victim of offense was a minor |
| | 784.03 | Battery, if the victim of offense was a minor |
| | 787.01 | Kidnapping |
| | 787.02 | False imprisonment |
| | 787.025 | Luring or enticing a child for an unlawful purpose |
| | 787.04(2) | Taking, enticing, or removing a child beyond the state limits with criminal intent pending custody proceedings |
| | 787.04(3) | Carrying a child beyond the state lines with criminal intent to avoid producing a child at a custody hearing or delivering the child to the designated person |

	790.115(1)	Exhibiting firearms or weapons within 1,000 feet of a school
	790.115(2)(b)	Possessing an electric weapon or device, destructive device, or other weapon on school property
	794.011	Sexual battery
	794.041	Former offenses for prohibited acts of persons in familial or custodial authority
	794.05	Unlawful sexual activity with certain minors
Chapter:	796	Prostitution
Section:	798.02	Lewd and lascivious behavior
Chapter:	800	Lewdness and indecent exposure
Section:	806.01	Arson
Sections:	810.02	Burglary
	810.14	Voyeurism, if the offense is a felony
	810.145	Video voyeurism, if the offense is a felony
Chapter:	812	Felony offenses for theft and/or robbery and related crimes
Sections:	817.034	Fraudulent acts through mail, wire, radio, electromagnetic, photoelectronic, or photooptical systems
	817.234	False and fraudulent insurance claims
	817.505	Patient brokering
	817.563	Felony offenses for the fraudulent sale of controlled substances
	817.568	Criminal use of personal identification information
	817.60	Obtaining a credit card through fraudulent means
	817.61	Felony offenses for the fraudulent use of credit cards
	825.102	Abuse, aggravated abuse, or neglect of an elderly person or disabled adult
	825.1025	Lewd or lascivious offenses committed upon or in the presence of an elderly person or disabled adult
	825.103	Felony offenses for the exploitation of an elderly person or disabled adult
	826.04	Incest
	827.03	Child abuse, aggravated child abuse, or neglect of a child
	827.04	Contributing to the delinquency or dependency of a child
	827.05	Negligent treatment of children
	827.071	Sexual performance by a child
	831.01	Forgery
	831.02	Uttering forged instruments
	831.07	Forging bank bills, checks, drafts, or promissory notes
	831.09	Uttering forged bank bills, checks, drafts, or promissory notes
	843.01	Resisting arrest with violence
	843.025	Depriving a law enforcement, correctional, or correctional probation officer means of protection or communication
	843.12	Aiding in an escape
	843.13	Aiding in the escape of juvenile inmates in correctional institution
Chapter:	847	Obscene literature
Section:	874.05(1)	Encouraging or recruiting another to join a criminal gang
Chapter:	893	Drug abuse prevention and control if the offense was a felony or if any other person involved in the offense was a minor
Sections:	916.1075	Sexual misconduct with certain forensic clients and reporting requirements for such sexual misconduct
	944.35(3)	Inflicting cruel or inhuman treatment on an inmate resulting in great bodily harm
	944.40	Escape
	944.46	Harboring, concealing, or aiding an escaped prisoner
	944.47	Introduction of contraband into a state correctional facility
	985.701	Sexual misconduct in juvenile justice programs
	985.711	Contraband introduced into detention facilities

ONE OF THE FOLLOWING STATEMENTS MUST BE SIGNED:

Under the penalty of perjury, which is a first degree misdemeanor, punishable by a definite term of imprisonment, not exceeding one year and/or a fine not exceeding \$1,000 pursuant to ss.837.012, or 775.082, or 775.083, Florida Statutes, I attest that I have read the foregoing, and I am eligible to meet the standards of good character for this caretaker position. This means that I have not been found guilty of or entered a plea of guilty or nolo contendere (no contest) to, regardless of adjudication, any of the offenses listed above or any similar statute of another jurisdiction. I attest that I have not been arrested for any of the above offenses and I am not currently awaiting disposition of any of the above offenses. I also attest that I have not been adjudicated delinquent for any of the above offenses, regardless of whether those records have been sealed or expunged.

Signature of Affiant

OR

To the best of my knowledge and belief, my record may contain one or more of the foregoing disqualifying acts or offenses.

Signature of Affiant

OR

I swear or affirm that I am a licensed physician, licensed nurse, or other professional licensed and regulated by the Department of Health. I will be providing services that are within the scope of my licensed practice, and I am not subject to the screening provisions of section 393.0655, Florida Statutes.

Signature of Affiant

Sworn to and subscribed before me this _____ day of _____, _____

My commission expires

NOTARY PUBLIC, STATE OF FLORIDA

My signature, as a Notary Public, verifies the affiant's identification has been validated by

FORM MUST BE COMPLETED AT POLICE SUB-STATION

LOCAL LAW CHECK
EMPLOYEE RELEASE OF INFORMATION

I, _____, in accordance with Chapter 85-54,
Applicant's name
Amended 87-238, law of Florida, hereby give the County Sheriff's Department permission to search its files and release to my employer, Angelwood, Inc., any information found. I realize this search is a routine matter for all employees.

Signature of Parent/Guardian (required if under 18)

Signature of Employee

NAME: _____ **DOB:** ____/____/____
Last First Initial

SOCIAL SECURITY #: _____

MAIDEN NAME (if applicable): _____ **SEX:** F M

PRIOR LAST NAME(S): _____

CURRENT ADDRESS: _____
Street

City State Zip Code

Officer's Name

Print Officer's Name

Badge Number

Date of Law Check