

## Children in Crisis Application

**Thank you for your interest in CIC. All applicable sections of this application must be completed prior to consideration for employment, Intern or Direct Care Volunteer with CIC. Any information requested on this application is used solely to evaluate your ability to perform the job for which you are applying. CIC is an Equal Opportunity Employer. It is our policy to provide equal opportunities for all individuals without regard to race, gender, color, national origin, disability, or veteran status.**

**Location for application:** \_\_\_\_\_

Position Desired (first choice)	Position Desired (second choice)	Start Date	Maiden Name (If none please list N/A)

**Note: We must have a copy of your Social Security Card**

Name: Last			First	Middle	Social Security #:
Present Address (and Dates Occupied):		City	State	Zip	
Previous Address (and Dates Occupied):		City	State	Zip	
ALL Other Addresses in last 5 years (and Dates Occupied)?		City	State	Zip	
ALL Other Addresses in last 5 years (and Dates Occupied)?		City	State	Zip	
ALL Other Addresses in last 5 years (and Dates Occupied)?		City	State	Zip	
Home or Cell Phone Number: (    )			Email Address:		
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
Are you 18 years of age or older?					
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
Do you have the r to right work in the United States?					

Have you ever applied to, or been employed by Children in Crisis?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, when?	Reason for leaving?
Are you available to work? _____ Full-Time? _____ Part-Time? _____ Live-In? _____ Overnight?	

### Education

***(NOTE: You must provide a copy of your highest degree/diploma (or transcript) to CIC.)***

Highest grade completed:		Graduated	Diploma, degree	Major subject
High School:	City and State:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
College or "University":	City and State:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Business, Trade or Graduate School:	City and State:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Professional License(s) and/or Certification(s):				
If you did not graduate, why did you leave high school or college?				
Do you plan to continue school anytime in the future? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where and when?		What course of study/degree do you plan to pursue?		
Have you ever served in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No		Branch:	Dates of Service:	
Rank at Discharge:	Type of Discharge:	Military Occupation:		

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## Business Skills

Please check all that you are familiar with:

<input type="checkbox"/>	Typing Speed _____ wpm	<input type="checkbox"/>	Database Management
<input type="checkbox"/>	E-mail, Word Processing	<input type="checkbox"/>	Multi-Line Telephone
<input type="checkbox"/>	Spreadsheet Preparation	<input type="checkbox"/>	Short Hand _____ wpm
<input type="checkbox"/>	Presentations Graphics (Powerpoint, etc.)	<input type="checkbox"/>	Dictaphone
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	Desktop Publishing	<input type="checkbox"/>	Other Applications and Additional Skills:
Computer Software Used:			
Office and/or Labor Shop Equipment Used:			

## Legal Issues/Affidavit of Good Moral Character

Click: [DCF Forms and download and completed the form: Affidavit of Good Moral Character. \\*Form number CF 1649](#)

	Have you ever been involuntarily terminated, discharged, forced or asked to resign from any job?	
<input type="checkbox"/>	Yes	<input type="checkbox"/>
<input type="checkbox"/>	No	<input type="checkbox"/>
<input type="checkbox"/>	Yes	<input type="checkbox"/>
<input type="checkbox"/>	No	<input type="checkbox"/>
Have you ever been convicted of a misdemeanor or a felony, or are there any charges pending against you? <span style="color: red;">(This including (any): convicted charges, a plea of guilty, a plead no contest, nolo contendere, or admitting to any crime)</span>		
<input type="checkbox"/>	Yes	<input type="checkbox"/>
<input type="checkbox"/>	No	<input type="checkbox"/>
Have you ever been disciplined or discharged for theft, unauthorized removal of use of company property, or a related offense?		
<input type="checkbox"/>	Yes	<input type="checkbox"/>
<input type="checkbox"/>	No	<input type="checkbox"/>
Have you ever been disciplined or discharged for the sale of distribution of alcohol or illegal drugs?		
<input type="checkbox"/>	Yes	<input type="checkbox"/>
<input type="checkbox"/>	No	<input type="checkbox"/>
Have you ever been disciplined or discharged for insubordination?		
<input type="checkbox"/>	Yes	<input type="checkbox"/>
<input type="checkbox"/>	No	<input type="checkbox"/>
Have you ever been disciplined or discharged for violent or abusive behavior or failing to report such behavior when required by law to do so?		

	Yes		No	
Have you ever been disciplined or discharged for harassment?				
	Yes		No	
Have you ever been disciplined or discharged for a violation of a safety rule?				
If you answered "yes" to any of the above questions, please list in the space below all pertinent information regarding your responses and any extenuating or mitigating circumstances regarding the situation.				
<ul style="list-style-type: none"> <li>All employees must successfully pass a Level II FBI/FDLE Background Screening every five years and submit to/clear the current DCF Affidavit of Good Moral Character (Form CF 1649). This form can be located at DCF's website at: <a href="http://www.myflfamilies.com">www.myflfamilies.com</a></li> <li>All employees must pass a Child Abuse and Neglect History check with every state/county of residence in the past five years and annually if employed.</li> <li>All employees must pass a local criminal record check, local civil records check, and local law enforcement check (ex. 911 Call Outs, Orders of Protection, etc.) annually.</li> </ul>				

### Driver's License/Driving Record

*Note: You must provide a copy of your **Auto Insurance Card** and Copy of your **Driver's License to CIC***

<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td> <td style="width: 15%; text-align: center;">Yes</td> <td style="width: 10%;"></td> <td style="width: 15%; text-align: center;">No</td> <td style="width: 50%;"></td> </tr> <tr> <td colspan="5">Do you possess a valid driver's license?</td> </tr> <tr> <td colspan="5"><small>(Note: Those without a local Florida Driver's License have 30 days in which to receive it after employment.)</small></td> </tr> </table>		Yes		No		Do you possess a valid driver's license?					<small>(Note: Those without a local Florida Driver's License have 30 days in which to receive it after employment.)</small>					State of Issue:	Driver's License Number:
	Yes		No														
Do you possess a valid driver's license?																	
<small>(Note: Those without a local Florida Driver's License have 30 days in which to receive it after employment.)</small>																	
Have you had any major traffic violations in the last 36 months? <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td> <td style="width: 15%; text-align: center;">Yes</td> <td style="width: 10%;"></td> <td style="width: 15%; text-align: center;">No</td> <td style="width: 50%;"></td> </tr> </table> If yes, please Explain:				Yes		No											
	Yes		No														
Have you had any minor traffic violations in the last 12 months? <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td> <td style="width: 15%; text-align: center;">Yes</td> <td style="width: 10%;"></td> <td style="width: 15%; text-align: center;">No</td> <td style="width: 50%;"></td> </tr> </table>				Yes		No											
	Yes		No														

### Employment History

Beginning with your most recent of current employer, please provide information regarding your employment history. Please be specific and answer all questions.

1. Current or Last employer:	Your official Job Title:
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Address:		Type of Business:	
Employed from:	Until:	Total months employed:	
Number of Hours weekly:	Beginning Salary:	Ending Salary:	
May we contact this employer?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Number/title of employees you supervised on a continuing basis?		Equipment operated:	
Name, title, telephone number, and email of your supervisor:		Reason for leaving:	
Describe your duties in detail:			

2. Employer:		Your official Job Title:	
Address:		Type of Business:	
Employed from:	Until:	Total months employed:	
Number of Hours weekly:	Beginning Salary:	Ending Salary:	
May we contact this employer?			
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Number/title of employees you supervised on a continuing basis?		Equipment operated:	
Name, title, telephone number, and email of your supervisor:		Reason for leaving:	
Describe your duties in detail:			

3. Employer:		Your official Job Title:	
Address:		Type of Business:	
Employed from:	Until:	Total months employed:	
Number of Hours weekly:	Beginning Salary:	Ending Salary:	
May we contact this employer?			
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Number/title of employees you supervised on a continuing basis?		Equipment operated:	
Name, title and telephone number of your supervisor:		Reason for leaving:	
Describe your duties in detail:			

<p>Please list other qualifications you feel will be beneficial to Children in Crisis:</p>          
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## References

Please, give the names, work addresses, telephone number, and emails of three former employers/supervisors for a reference. You **must** have a minimum of a **two-year** work history.

Name/ Title	Email & Mailing Address	Telephone Number
		(    )
		(    )
		(    )

Please, give the names, email address, mailing address and telephone numbers of three personal character references (**not related to you**). Each person listed must have known you for a minimum of two full years.

Name/ Relationship	Email & Mailing Address	Telephone Number
		(    )
		(    )
		(    )

Applicant's Signature	Date of Application