



**APPLICATION FOR EMPLOYMENT**

**PERSONAL INFORMATION**

Position Applying For: \_\_\_\_\_ Date: \_\_\_\_\_

Full Name (and alias): \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

*Previous address if under 5 years in Florida:* \_\_\_\_\_  
*(use separate sheet if needed)*

City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_ Date \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

SSN: \_\_\_\_\_ At least 18 years old?  DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

Desired starting salary: \_\_\_\_\_ Date you can begin work: \_\_\_\_\_ Phone: \_\_\_\_\_

**EDUCATION**

	School Name/Location	Course of Study/Degree	Graduate?
High School			
College			
Other			

**Do you have other special training and/or skills that would be helpful for this position?**

**Explain:** \_\_\_\_\_

**Is there any reason known to you why you might be unable to perform consistently and promptly any of your job duties?** \_\_\_\_\_ **If yes, please explain:** \_\_\_\_\_

**If hired, could you provide written evidence of a right to work in this country?** \_\_\_\_\_

**Have you ever been arrested?** \_\_\_\_\_ **If yes, please explain:** \_\_\_\_\_

**Why are you interested in becoming an employee of Everyday Blessings, Inc.?**



**EMPLOYMENT HISTORY**

Please fill out the following **completely** for all positions you have had for the past 5 years. (Include all employment, whether or not directly related to the position for which you are applying.) If you need to list additional employers, please use another sheet of paper- do not leave out any employment.

Are you currently employed? \_\_\_\_\_ May we contact your current employer? \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Position: \_\_\_\_\_

City/State: \_\_\_\_\_ Phone#: \_\_\_\_\_

Dates Employed: From \_\_\_\_\_ to \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
(month/year) (month/year)

Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_

Employer's Name: \_\_\_\_\_ Position: \_\_\_\_\_

City/State: \_\_\_\_\_ Phone#: \_\_\_\_\_

Dates Employed: From \_\_\_\_\_ to \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
(month/year) (month/year)

Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_

Employer's Name: \_\_\_\_\_ Position: \_\_\_\_\_

City/State: \_\_\_\_\_ Phone#: \_\_\_\_\_

Dates Employed: From \_\_\_\_\_ to \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
(month/year) (month/year)

Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_

Employer's Name: \_\_\_\_\_ Position: \_\_\_\_\_

City/State: \_\_\_\_\_ Phone#: \_\_\_\_\_

Dates Employed: From \_\_\_\_\_ to \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
(month/year) (month/year)

Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_



**PERSONAL REFERENCES**

Please list below the names of three (3) persons, not related to you, whom you have done work for or with whom you have been acquainted with for at least one year:

**Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**How do you know this person?** \_\_\_\_\_

**How long have you been acquainted?** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**How do you know this person?** \_\_\_\_\_

**How long have you been acquainted?** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**How do you know this person?** \_\_\_\_\_

**How long have you been acquainted?** \_\_\_\_\_

*I hereby authorize Everyday Blessings, Inc. to contact prior employers to obtain any and all information related to my past work performance, and to contact any of the references I have listed on my application. I further agree that if I am offered a position, Everyday Blessings, Inc. may contact any applicable police agencies in order to conduct background screening, as required by our licensing requirements.*

*In compliance with Section 65C-15.017(5) of the Florida Administrative Code, my signature verifies that I have not held the role of Board Member, Executive Director or Officer, or been associated with any unlicensed child welfare agency within the past two years, to include any child welfare agency whose license was revoked or suspended.*

*The information I have provided on this Application for Employment is true, correct, and complete. If employed, any misstatement or omission of fact on this application may result in my immediate dismissal.*

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



**EMERGENCY CONTACT INFORMATION**

In case of an emergency, please contact the following: (at least one person should reside locally)

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_

Cell/Pager #: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_

Cell/Pager #: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_

Cell/Pager #: \_\_\_\_\_

**Do you have any illnesses or medical conditions that we should know about in order to provide emergency treatment while waiting for an ambulance?** \_\_\_\_\_

Diabetes?  Yes  No    What do you want us to do? (Be specific):

\_\_\_\_\_

Epilepsy?  Yes  No    What do you want us to do? (Be specific):

\_\_\_\_\_

Other?  Yes  No    What do you want us to do? (Be specific):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



STATE OF FLORIDA
FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES
\*RELEASE OF INFORMATION\*

I (We) hereby authorize the release of any information requested by Everyday Blessings, Inc. to be utilized in determining my (our) suitability to become ( ) a foster parent ( ) an adoptive parent ( ) an employee or ( ) an intern/volunteer.

I (We) hereby grant permission to Everyday Blessings, Inc. and the Florida Department of Children and Families and the Licensing Agent with Eckerd Community Alternatives and/or the Sarasota Family YMCA to obtain information from local, state and federal agencies to determine our suitability to serve as a foster parent, an adoptive parent, an employee or an intern. I (We) understand, however, that a history of arrest reported by any of these agencies will not necessarily prohibit my (our) participation in ( ) the foster care program, in ( ) the adoption program or as ( ) an employee or ( ) intern/volunteer.

I (We) hereby authorize the release of any information requested by the Florida Department of Children and Families Services and the Licensing Agent with Eckerd Community Alternatives and/or the Sarasota Family YMCA to obtain information required for employment, personal, doctor and school references. I (We) understand that this information is a licensing requirement and information obtained will be used to determine my (our) suitability to serve as a foster care parent, adoptive parent, employee or intern.

Pursuant to Florida Statute 415.514(4), I (We) hereby authorize Everyday Blessings, Inc. and the Florida Department of Children and Family Services and the licensing agent with Eckerd Community Alternatives and/or the Sarasota Family YMCA to make inquiry of the Central Abuse Registry and tracking system in regard to the existence of any confirmed report of abuse, neglect, or exploitation and the results of any investigation pursuant hereto.

Applicant Name (Print)

Date

Applicant Signature

Date

Adult Household Member (Print) \*If under age 18\*

Date

Adult Household Member Signature \*If under age 18\*

Date

\*\*Note: An adult family member will be responsible for consent to these record checks if applicant is under the age of 18.



**EMPLOYMENT VERIFICATION RELEASE FORM**

I, \_\_\_\_\_, give permission for my former (current)

Employer: \_\_\_\_\_

To give information regarding my employment from \_\_\_\_\_ to \_\_\_\_\_ to  
Everyday Blessings Inc., 8421 Pritcher Road, Lithia, FL 33547, Phone 813-982-9226, Fax 813-986-0298.

Applicant Signature: \_\_\_\_\_

Application Social Security #: \_\_\_\_\_

Date: \_\_\_\_\_

**Confirmation of Employment:**

Employment Dates: \_\_\_\_\_ to \_\_\_\_\_

Job Title: \_\_\_\_\_

Eligible for Rehire:  Yes  No

Verified by: \_\_\_\_\_ Date: \_\_\_\_\_

**Everyday Blessings Inc.**  
**PO box 1065**  
**Lithia, Florida 33547**  
**813-982-9226**  
**www.everydayblessingsinc.org**

**\*\*\*Everyday Blessings, Inc. is a 501c(3) Florida not for profit corporation\*\*\***



***Applicant will need to provide copies of the following to be included with their application before any record searches can begin to determine hiring eligibility.***

1. Legible copy of Driver's License (prefer Color)
2. Social Security Card
3. High School, GED or College Diplomas
4. Resume
5. List of FULL previous street addresses (no PO Box) including County for the last 5 years (In-State and Out-of-State)