



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 At-Will, 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. Affidavit of Good Moral Character is attached and must be notarized.*

## REQUIREMENTS FOR APPLICATION

- A High School Diploma or GED.
- 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.
- Experience with individuals with disabilities preferred.

*Please return the application portion of this package along with the written questions, **the Local Law check results and** the notarized Affidavit of Good Moral Character. Resumes may be attached, but the 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 45 days.*

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

Return results to:

Angelwood, Inc.

PO Box 24925

Jacksonville, FL 32241-4925

\_\_\_\_\_  
**Officer's Name**

\_\_\_\_\_  
**Print Officer's Name**

\_\_\_\_\_  
**Badge Number**

\_\_\_\_\_  
**Date of Law Check**



# 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:*

\_\_\_\_\_

**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

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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: 916.0175 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

# 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	Middle Name or Initial
Steeet Address	City	State Zip
Home Telephone Number	Cell Number	Social Security Number

Indicate the best days of the week and hours of the day you are available to work. Note that you will be scheduled based on Angelwood needs.

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? \_\_\_\_\_

<b>EDUCATION - Verification is required</b>	
Name of High School	High School Diploma or Years Completed
Address of High School	Course of Study
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., student, staying 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