

**SCARC, INC. EVALUATION,
TRAINING, AND EMPLOYMENT CENTER**

213 West McCollum Avenue
Bushnell, Florida 33513
(352) 793-5156 / Fax (352) 793-6545
www.scarcinc.com

BOARD OF DIRECTORS

JAY BURCKLE, PRESIDENT	LINDA ADAMS, VICE-PRESIDENT
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EXECUTIVE DIRECTOR
MARSHA WOODARD PERKINS

TO: Applicants
FROM: Marsha Woodard Perkins, Executive Director
RE: Application for Employment

Thank you for your interest in becoming an employee of SCARC, Inc. Please complete this application in full. If any part is left blank, it will not be considered.

Of particular importance are the names and mailing addresses (complete with zip code) for four (4) former employers and four (4) personal references. State law requires that we contact in writing all references.

To meet educational requirements, please attach a copy of your certified transcript from an accredited school system, community college, college, or university.

Please complete the *Request for Local Law Enforcement Check for Applicants/Employees* and return it with your application

The *Affidavit of Good Moral Character* must be signed in front of a notary. Your application will NOT be considered if it is not notarized properly.

Return the entire completed packet to the SCARC, Inc. Administrative Office located at 213 West McCollum Avenue, Bushnell, FL 33513. If you have questions, please call 352/793-5156.

**Minimum Requirements to be considered
for Employment at SCARC, Inc.**

1. High school diploma or equivalent (GED) – Please provide proof – Certified copy of transcript from an accredited school system.
2. Good Moral Character
3. Valid Florida Drivers License with good driving record

Desired Qualifications

1. One (1) year experience working with people who are developmentally disabled or related experience
2. Current certification in CPR and First Aid



APPLICATION FOR EMPLOYMENT

SCARC, Inc. is an equal opportunity, affirmative action employer. Drug Free Workplace.
 The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color,
 religion or national origin.
 Public Law 90-202 prohibits discrimination because of age.

PERSONAL INFORMATION

DATE: _____

NAME: _____

SOCIAL SECURITY NUMBER: _____

PRESENT MAILING ADDRESS: _____

HOME TELEPHONE NUMBER: (_____) _____ CITY/STATE/ZIP _____

CELL: (_____) _____

PERMANENT ADDRESS: _____

TELEPHONE NUMBER: (_____) _____ CITY/STATE/ZIP _____

CELL: (_____) _____

E-MAIL ADDRESS: _____ @ _____

EMERGENCY CONTACT:

NAME: _____

TELEPHONE NUMBER: (_____) _____ CELL: (_____) _____

OPTIONAL INFORMATION:

DATE OF BIRTH: _____ MARITAL STATUS: _____ SEX: _____

PLEASE CIRCLE ONE: SMOKER NON-SMOKER

EMPLOYMENT DESIRED:

SALARY DESIRED: _____ DATE AVAILABLE: _____

REFERRED BY: _____

ARE YOU RELATED TO ANYONE IN OUR EMPLOY? YES NO
 IF SO, STATE NAME: _____

HAVE YOU EVER WORKED HERE BEFORE? YES NO
 IF SO, WHEN: _____

EDUCATIONAL BACKGROUND		COURSE OF STUDY	NO. OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA
	NAME & LOCATION OF SCHOOL				
GRADUATE	_____	_____	_____	<input type="checkbox"/> YES	_____
	_____			<input type="checkbox"/> NO	
COLLEGE	_____	_____	_____	<input type="checkbox"/> YES	_____
	_____			<input type="checkbox"/> NO	
BUSINESS/TRADE/TECHNICAL	_____	_____	_____	<input type="checkbox"/> YES	_____
	_____			<input type="checkbox"/> NO	
HIGH SCHOOL	_____	_____	_____	<input type="checkbox"/> YES	_____
	_____			<input type="checkbox"/> NO	

APPLICATION FOR EMPLOYMENT

LICENSES & TRAINING:

DO YOU HAVE A DRIVERS LICENSE? ___ YES ___ NO CDL? ___ YES ___ NO

DO YOU HAVE A CURRENT 1ST AID CARD? ___ YES ___ NO

DO YOU HAVE A CURRENT CPR CARD? ___ YES ___ NO

LIST ANY SPECIAL TRAINING AND DATES: _____

EMPLOYMENT HISTORY PLEASE GIVE ACCURATE, COMPLETE FULL-TIME AND PART-TIME EMPLOYMENT RECORD. START WITH YOUR PRESENT OR MOST RECENT EMPLOYER

COMPANY NAME	TELEPHONE ()
MAILING ADDRESS	EMPLOYMENT DATES (STATE MONTH & YEAR)
CITY/STATE/ZIP	
SUPERVISOR	WEEKLY PAY
YOUR JOB TITLE	START \$ LAST \$
DESCRIBE WORK	REASON FOR LEAVING

COMPANY NAME	TELEPHONE ()
MAILING ADDRESS	EMPLOYMENT DATES (STATE MONTH & YEAR)
CITY/STATE/ZIP	
SUPERVISOR	WEEKLY PAY
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COMPANY NAME	TELEPHONE ()
MAILING ADDRESS	EMPLOYMENT DATES (STATE MONTH & YEAR)
CITY/STATE/ZIP	
SUPERVISOR	WEEKLY PAY
YOUR JOB TITLE	START \$ LAST \$
DESCRIBE WORK	REASON FOR LEAVING

APPLICATION FOR EMPLOYMENT

PERSONAL REFERENCES

PLEASE LIST AT LEAST FOUR PEOPLE WHO ARE NOT RELATED TO YOU AND WHOM YOU HAVE KNOWN AT LEAST ONE YEAR. GIVE COMPLETE MAILING ADDRESSES YOUR APPLICATION CANNOT BE CONSIDERED WITHOUT THIS INFORMATION.

NAME:	TELEPHONE ()
MAILING ADDRESS	YEARS ACQUAINTED:
CITY/STATE/ZIP	RELATIONSHIP:

NAME:	TELEPHONE ()
MAILING ADDRESS	YEARS ACQUAINTED:
CITY/STATE/ZIP	RELATIONSHIP:

NAME:	TELEPHONE ()
MAILING ADDRESS	YEARS ACQUAINTED:
CITY/STATE/ZIP	RELATIONSHIP:

NAME:	TELEPHONE ()
MAILING ADDRESS	YEARS ACQUAINTED:
CITY/STATE/ZIP	RELATIONSHIP:

CERTIFICATION:

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and maybe terminated at any time without any previous notice.

Date: _____ Signature of Applicant: _____

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY: _____ DATE: _____

REMARKS: _____

NEATNESS: _____

CHARACTER: _____

PERSONALITY: _____

ABILITY: _____

RECOMMENDATION: _____

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MARSHA WOODARD PERKINS

**REQUEST FOR LOCAL LAW ENFORCEMENT CHECK FOR
APPLICANTS/EMPLOYEES**

ATTN: Records
Sumter County Sheriff's Department
1010 North Main Street
Bushnell, FL 33513

Dear Sirs,

Pursuant to Chapter 435, F.S., SCARC, Inc. requests a local records check on the applicant/employee listed below.

Last Name:	First Name:	Middle Name:	
_____	_____	_____	
Date of Birth:	Race:	Sex:	Social Security
_____	_____	_____	_____

Please document the findings on this check and return the information to:

SCARC, Inc.
213 West McCollum Avenue
Bushnell, FL 33513

Sincerely,

Marsha Woodard Perkins
Executive Director





AFFIDAVIT OF GOOD MORAL CHARACTER

State of Florida

County of Sumter _____

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:

SCARC, 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