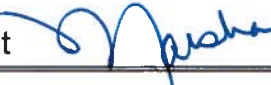


**SCARC, INC. EVALUATION,
TRAINING, AND EMPLOYMENT CENTER**

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

BOARD OF DIRECTORS
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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

Read and sign the appropriate section on the *The Attestation of Good Moral Character*.

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. One (1) year experience working with people who are developmentally disabled or related experience
2. High school diploma or equivalent (GED) – Please provide proof – Certified copy of transcript from an accredited school system.
3. Good Moral Character
4. Valid Florida Drivers License with good driving record



"Enhancing the Lives of Mentally Challenged Adults"



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: () _____ CELL: () _____

CITY/STATE/ZIP _____

PERMANENT ADDRESS: _____

TELEPHONE NUMBER: () _____ CELL: () _____

CITY/STATE/ZIP _____

E-MAIL ADDRESS: _____ @ _____

EMERGENCY CONTACT:

NAME: _____

TELEPHONE NUMBER: () _____ CELL: () _____

OPTIONAL INFORMATION:

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

PLEASE CIRCLE ONE: SMOKER NON-SMOKER

POSITION DESIRED:

SALARY DESIRED: _____ DATE AVAILABLE: _____

REFERRED BY: _____

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

HAVE YOU EVER VOLUNTERED 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
YOUR JOB TITLE	START \$ LAST \$
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YOUR JOB TITLE	START \$ LAST \$
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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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EXECUTIVE DIRECTOR
MARSHA WOODARD PERKINS

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

ATTN: Records
Sumter County Sheriff's Department
7361 Powell Road
Wildwood, FL 34785

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



"Enhancing the Lives of Mentally Challenged Adults"



ATTESTATION OF GOOD MORAL CHARACTER

Employee/Applicant/Contractor/Volunteer Name:

By signing this form, I affirm and attest that I meet the Moral Character requirements for employment as required pursuant to Chapter 435, Florida Statutes, and Section 393.0655, Florida Statutes.

Provider/Employer Name:

I have not been arrested with disposition pending or found guilty of regardless of adjudication, or entered a plea of nolo contendere (no contest) to or have been adjudicated delinquent and the record has not been sealed or expunged for, any offense prohibited under any of the following provisions of the Florida Statutes or under any similar statute of another jurisdiction for any of the offenses listed below.

Criminal Offenses listed in section 435.04, F.S.

- | | |
|--|---|
| (a) Section 393.135, relating to sexual misconduct with certain developmentally disabled clients and reporting of such sexual misconduct. | (n) Section 787.025, relating to luring or enticing a child. |
| (b) Section 394.4593, relating to sexual misconduct with certain mental health patients and reporting of such sexual misconduct. | (o) Section 787.04(2), relating to taking, enticing, or removing a child beyond the state limits with criminal intent pending custody proceedings. |
| (c) Section 415.111, relating to adult abuse, neglect, or exploitation of aged persons or disabled adults. | (p) Section 787.04(3), relating to 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. |
| (d) Section 777.04, relating to attempts, solicitation, and conspiracy to commit an offense listed in this subsection. | (q) Section 790.115(1), relating to exhibiting firearms or weapons within 1,000 feet of a school. |
| (e) Section 782.04, relating to murder. | (r) Section 790.115(2)(b), relating to possessing an electric weapon or device, destructive device, or other weapon on school property. |
| (f) Section 782.07, relating to manslaughter, aggravated manslaughter of an elderly person or disabled adult, or aggravated manslaughter of a child. | (s) Section 794.011, relating to sexual battery. |
| (g) Section 782.071, relating to vehicular homicide. | (t) Former s. 794.041, relating to prohibited acts of persons in familial or custodial authority. |
| (h) Section 782.09, relating to killing of an unborn quick child by injury to the mother. | (u) Section 794.05, relating to unlawful sexual activity with certain minors. |
| (i) Chapter 784, relating to assault, battery, and culpable negligence, if the offense was a felony. | (v) Chapter 796, relating to prostitution. |
| (j) Section 784.011, relating to assault, if the victim of the offense was a minor. | (w) Section 798.02, relating to lewd and lascivious behavior. |
| (k) Section 784.03, relating to battery, if the victim of the offense was a minor. | (x) Chapter 800, relating to lewdness and indecent exposure. |
| (l) Section 787.01, relating to kidnapping. | (y) Section 806.01, relating to arson. |
| (m) Section 787.02, relating to false imprisonment. | (z) Section 810.02, relating to burglary. |

- (aa) Section 810.14, relating to voyeurism, if the offense is a felony.
- (bb) Section 810.145, relating to video voyeurism, if the offense is a felony.
- (cc) Chapter 812, relating to theft, robbery, and related crimes, if the offense is a felony.
- (dd) Section 817.563, relating to fraudulent sale of controlled substances, only if the offense was a felony.
- (ee) Section 825.102, relating to abuse, aggravated abuse, or neglect of an elderly person or disabled adult.
- (ff) Section 825.1025, relating to lewd or lascivious offenses committed upon or in the presence of an elderly person or disabled adult.
- (gg) Section 825.103, relating to felony offenses for the exploitation of an elderly person or disabled adult.
- (hh) Section 826.04, relating to incest.
- (ii) Section 827.03, relating to child abuse, aggravated child abuse, or neglect of a child.
- (jj) Section 827.04, relating to contributing to the delinquency or dependency of a child.
- (kk) Former s. 827.05, relating to negligent treatment of children.
- (ll) Section 827.071, relating to sexual performance by a child.
- (mm) Section 843.01, relating to resisting arrest with violence.
- (nn) Section 843.025, relating to depriving a law enforcement, correctional, or correctional probation officer means of protection or communication.
- (oo) Section 843.12, relating to aiding in an escape.
- (pp) Section 843.13, relating to aiding in the escape of juvenile inmates in correctional institution.
- (qq) Chapter 847, relating to obscene literature.
- (rr) Section 874.05, relating to encouraging or recruiting another to join a criminal gang.
- (ss) Chapter 893, relating to drug abuse prevention and control if the offense was a felony or if any other person involved in the offense was a minor.
- (tt) Section 916.1075, relating to sexual misconduct with certain forensic clients and reporting requirements for such sexual misconduct.
- (uu) Section 944.35(3), relating to inflicting cruel or inhuman treatment on an inmate resulting in great bodily harm.
- (vv) Section 944.40, relating to escape.
- (ww) Section 944.46, relating to harboring, concealing, or aiding an escaped prisoner.
- (xx) Section 944.47, relating to introduction of contraband into a state correctional facility.
- (yy) Section 985.701, relating to sexual misconduct in juvenile justice programs.
- (zz) Section 985.711, relating to contraband introduced into detention facilities.

435.04(3) The security background investigations under this section must ensure that no person subject to this section has been found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to, any offense that constitutes domestic violence as defined in s. 741.28, whether such act was committed in this state or in another jurisdiction.

Section 393.0674(2), 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

Criminal Offenses listed in section 393.0655 (5), F.S.

- (a) Any authorizing statutes, if the offense was a felony.
- (b) This chapter, if the offense was a felony.
- (c) Section 409.920, relating to Medicaid provider fraud.
- (d) Section 409.9201, relating to Medicaid fraud.
- (e) Section 817.034, relating to fraudulent acts through mail, wire, radio, electromagnetic, photoelectronic, or photooptical systems.
- (f) Section 817.234, relating to false and fraudulent insurance claims.
- (g) Section 817.505, relating to patient brokering.
- (h) Section 817.568, relating to criminal use of personal identification information.
- (i) Section 817.60, relating to obtaining a credit card through fraudulent means.
- (j) Section 817.61, relating to fraudulent use of credit cards, if the offense was a felony.
- (k) Section 831.01, relating to forgery.
- (l) Section 831.02, relating to uttering forged instruments.
- (m) Section 831.07, relating to forging bank bills, checks, drafts, or promissory notes.
- (n) Section 831.09, relating to uttering forged bank bills, checks, drafts, or promissory notes.

The following acknowledgements apply to all Direct Service Providers and/or Employees, Contract Providers, and Volunteers. Please initial each statement.

- _____ I affirm that I have not been designated as a sexual predator pursuant to s. 775.21; a career offender pursuant to s. 775.261; or a sexual offender pursuant to s. 943.0435, unless the requirement to register as a sexual offender has been removed pursuant to s. 943.04354.
- _____ I understand that I must acknowledge the existence of any applicable criminal record relating to the above lists of offenses including those under any similar statute of another jurisdiction, regardless of whether or not those records have been sealed or expunged.
- _____ I understand that, while employed or volunteering in any position that requires an APD background screening as a condition of employment, I must immediately notify my supervisor/employer of any arrest, any notice of possible criminal prosecution including any violation or infraction mandating a court appearance. Reporting must be done immediately if during normal working hours or immediately the next business day if after normal working hours.

ONE OF THE FOLLOWING STATEMENTS MUST BE SIGNED:

I attest that I have read the above carefully and state that my attestation here is true and correct and that my record **does not contain any of the above listed offenses.** I understand, under penalty of perjury, all employees in such positions of trust or responsibility shall attest to meeting the requirements to the background screening standards set forth in Chapter 435 and Section 393.0655.

Signature of Affiant

Date

OR

My record **contains one or more of the applicable disqualifying** acts or offenses listed above.

Signature of Affiant

Date

Note: If you have previously been granted an APD exemption for this disqualifying offense, a copy of the APD exemption letter must be attached.

OR

I am a licensed physician, licensed nurse, or other professional licensed and regulated by the Department of Health. I will be **holding a position that is 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

Date

Position for Provider/Employer listed on pg. 1