

USE BLACK OR BLUE INK ONLY. WRITE LEGIBLY.

Position Desired: _____ Date of Application: _____

Years of relevant experience for position: None 1-3 years 4 or more years

PREFERRED WORK LOCATION: Fort Lauderdale Pembroke Pines

SCHEDULE AVAILABILITY (check all that apply): FULL-TIME PART-TIME ON-CALL / PER DIEM

DIRECT CARE positions: First Shift – EARLY AM Second Shift - AFTERNOON Third Shift - OVERNIGHT

PERSONAL INFORMATION: (Please print)

Full Name: _____

Current Address (Street, City, State, Zip): _____

Telephone: _____ Email Address: _____

Are you at least 18 years of age? Yes No

Are you legally permitted to work in the U.S.? Yes No (proof of eligibility must be presented upon hire)

Wage desired: \$ _____ Date available to start: _____

Have you ever been employed here? Yes No If yes, when? _____

Have you filled out an application with Ann Storck? Yes No If yes, when? _____

Are you on lay-off and subject to recall? Yes No If yes, date of expected return? _____

How did you hear about us? Walk In Family or Friend Referral Ad/Job Posting: Indeed BetterTeam

Social Media (Facebook, Instagram, Twitter, LinkedIn) Employee: _____

Do you have relatives or friends employed by ASC? Yes No If yes, Name: _____

Do you have reliable transportation? Yes No

As a condition of employment, you will be required to complete a Level II background check and drug screening. Do you have any objection in completing these requirements? Yes No

EDUCATION INFORMATION:

Educational Institution	Location (City, State)	Yrs Completed	Diploma / Degree Received

List any special CERTIFICATIONS / SKILLS/TRAINING relevant to the position desired: _____

EMPLOYMENT HISTORY: (This section must be completed in full, even if attaching a resume)

Provide all employment for the previous 7 years, begin with most current position (attach additional sheets if necessary):

FROM: _____ TO: _____ Employer's Name: _____

Address: _____ Ph #: _____

Position: _____ Final Salary: _____ May we contact employer? Yes No

Reason for Leaving: _____

FROM: _____ TO: _____ Employer's Name: _____

Address: _____ Ph #: _____

Position: _____ Final Salary: _____ May we contact employer? Yes No

Reason for Leaving: _____

FROM: _____ TO: _____ Employer's Name: _____

Address: _____ Ph #: _____

Position: _____ Final Salary: _____ May we contact employer? Yes No

Reason for Leaving: _____

Have you ever been convicted of or pled guilty or nolo contendere to a crime? Yes No

Are you currently awaiting trial, sentencing or other disposition of a criminal charge? Yes No

If the answer to either question is yes, please explain (state the date, type of crime, place of occurrence, final disposition). **Note:** Conviction of a crime will not necessarily disqualify you for employment. Each conviction will be judged on its own merit with respect to time and job relatedness _____

Have you ever been reported to the Abuse Registry? Yes No If yes, please explain circumstances.

DRIVING RECORD AND MOTOR VEHICLE INFORMATION:

List all drivers' licenses held in the past three years (include multiple licenses if you have them):

Operator License Number	State	Type	Expiration Date

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No

Has any license, permit or privilege ever been suspended or revoked? Yes No

Have you ever been convicted of driving under the influence? Yes No

If hired for a position that involves driving, you must maintain adequate automobile insurance coverage and a valid drivers' license at all times.

Ann Storck Center is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, age, gender, religion, disability, nationality, veteran status or any other status protected under local, state or federal law. Applicants who need an accommodation to participate in the application process should contact Human Resources before submitting this application.

REFERENCES: Provide the contact information for three (3) people who can speak for your character and work ethic. (No relatives)

Name: _____ Telephone: _____

Name: _____ Telephone: _____

Name: _____ Telephone: _____

If you are offered a position, you must provide three written reference letters from non-relatives within five (5) days of hire.

Reasonable Accommodation Notice: Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

AUTHORIZATION AGREEMENT AND RELEASE OF INFORMATION (PLEASE READ CAREFULLY BEFORE SIGNING): I certify that the answers given by me are true, accurate and complete to the best of my knowledge. I authorize Ann Storck Center to thoroughly investigate all statements contained in my application and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to this potential employer, without giving me prior notice of such disclosure. In addition, I release Ann Storck Center, any former employers and all references listed above any and all claimed demands or liabilities arising out of or related to such investigation or disclosure.

- I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice.
- I understand that this application is not, and is not intended to be, a contract of employment.
- If hired, I agree to abide by Ann Storck's background screening requirements, including Motor Vehicle Records, during my employment & report any arrests or convictions relative to disqualifying offenses or maybe relevant to my job duties or functions or changes in my criminal background history.
- In the event of employment, **I understand that any false statement, omission, or misrepresentation on this application (or any other accompanying or required documents and/or during the pre-screening process) will be sufficient cause for denial of employment or immediate termination of employment, regardless of when or how discovered.**
- I understand also that I am required to abide by all rules and regulations of Ann Storck.
- I understand that ASC is a Drug Free Workplace that includes post-accident random testing and reasonable suspicion.

Applicant's Signature: _____

Date: _____

Unsigned/undated, illegible and/or incomplete applications will not be considered.

This application is good for 90 days only. Consideration for employment after 90 days requires a new application.

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Pre-Interview Questions

Applicant Name: _____

Please answer the following questions (use complete sentences where appropriate).

1. What is it about this organization/this role that particularly interests you?

2. What are your goals for your next role/next 3 years?

3. What is your greatest strength? What is your greatest weakness?

4. Briefly describe a time when you had a conflict with a co-worker. How did you work it out?

5. How do you handle stress and pressure?

6. Describe a difficult work situation or project and how you overcame it.

7. Describe what your ideal supervisor would be for you.

8. If you noticed that a co-worker does the least amount of work required while others have to do more work, what would you do?

9. Please provide three (3) reasons we should hire you?

VOLUNTARY SELF-IDENTIFICATION OF VETERAN STATUS

Why am I being asked to complete this form?

Ann Storck Center is subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974 as amended by the Jobs for Veterans Act of 2002, [38 U.S.C. 4212](#) (VEVRSS), which requires government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

- A "disabled veteran" is one of the following:
 - A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
 - A person who was discharged or released from active duty because of a service-connected disability.
- A "recently separated veteran" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service.
- An "active duty wartime or campaign badge veteran" means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- An "Armed forces service medal veteran" means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to [Executive Order 12985](#).

Protected veterans may have additional rights under USERRA - the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty, if not for the absence due to service.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a government contractor, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

Check (if applicable):

- I identify as one or more of the classifications of protected veteran listed above
- I am not a protected veteran
- I prefer not to self-identify

VOLUNTARY APPLICANT SURVEY

As an organization who receives government funding, Ann Storck Center complies with government regulations and affirmative action responsibilities, including but not limited to reporting and recordkeeping. Applicants are considered for employment without regard to race, color, religion, gender, age, national origin, genetic disposition, military status and any other characteristic protected by federal, state or local statute.

Solely to help us comply with government recordkeeping, reporting and other requirements, we ask that you assist us by completing this survey. This data is for periodic government reporting and will not be used in making a hiring decision.

APPLICANT INFORMATION

Position Applied for: _____ Date: _____

Last Name: _____ First Name: _____ M.I. _____

Referral Source: Advertisement Career Source Employee Friend Other

GENDER AND ETHNIC GROUP

Check One: Male Female I prefer not to answer this question.

Check One: Hispanic or Latino Not Hispanic or Latino I prefer not to answer this question.

** Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race. This does not include persons of Portuguese decent or persons from Central or South America who are not of Spanish origin or culture.*

RACE

Check one:

- White (Not Hispanic or Latino)** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American (Not Hispanic or Latino)**-A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** -A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian (Not Hispanic or Latino)** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- American Indian or Alaska Native (Not Hispanic or Latino)** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- Two or More Races (Not Hispanic or Latino)** - All persons who identify with more than one of the above five races.
- Does not apply / I prefer not to answer this question.

VOLUNTARY SELF-IDENTIFICATION OF DISABILITY

Why am I being asked to complete this form?

Because we receive government funding, we must reach out to, hire and provide equal employment opportunities to qualified people with disabilities. To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you have ever had a disability. Completing the form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept confidential and will not be used against you in any way.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. Disabilities include, but are not limited to:

- Autism
- Blindness
- Bipolar disorder
- Cancer
- Cerebral Palsy
- Deafness
- Diabetes
- Epilepsy
- HIV/AIDS
- Impairments requiring the use of a wheelchair
- Intellectual disability (formerly referred to as mental retardation)
- Major depression
- Muscular Dystrophy
- Multiple Sclerosis
- Missing limbs or partially missing limbs
- Obsessive compulsive disorder
- Post-traumatic stress disorder (PTSD)
- Schizophrenia

Check one:

- Yes, I have a disability (or previously had a disability)
- No, I do not have a disability
- I prefer not to answer

Printed Name: _____

Date: _____

Signature: _____

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Applicants and/or employees who require reasonable accommodation based on a disability must contact the Director of Human Resources and provide information, including medical documentation to assist management in determining the feasibility of the request.

"Reasonable accommodation" is defined as any modification or change to a job, employment practice, or work environment which makes it possible for a qualified applicant or employee with a known qualified disability to enjoy equal employment opportunity.

Where a disability affects job performance, ASC will make reasonable accommodations for qualified individuals with known qualified disabilities, unless doing so would result in an undue hardship to the organization or if the applicant or employee would pose a direct, significant, and an identifiable threat to the health and safety of others or themselves.

All employment decisions are based on the merits of the situation in accordance with defined criteria, not the disability of the individual. Pre-employment inquiries are made only regarding an applicant's ability and general fitness to perform the duties of the position being sought by the applicant and are not done to obtain medical information.