



EMPLOYMENT APPLICATION

Monroe Association for Retarded Citizens : 1401 Seminary Street, Key West, FL 33040 305-294-9526

AN EQUAL OPPORTUNITY EMPLOYER

APPLICATION DATE: _____

PERSONAL

Name _____
(Last) (First) (Middle)

Address _____
(Street) (City) (State) (Zip Code)

Home Phone _____ Cell Phone _____ E-Mail _____

Are you lawfully authorized to work in the United States? Yes No

Whom may we contact in the event of Emergency? Name _____ Phone: _____

Do you have a Driver License? Yes No If yes, in What State? _____ Exp. Date _____

Is your Driving history clean? Yes No If no, explain _____

Have you ever been convicted of a felony? Yes No If yes, explain _____

JOB INTERESTS / SKILLS

Position(s) applying for _____ Wage desired \$ _____

Have you applied for a position at the MARC before? Yes No If yes, when? _____

Have you ever worked for the MARC before? Yes No If yes, when? _____

Type of employment requested Full Time Part Time Temporary Summer

Date you would be available to begin working? _____

Can you travel if a job requires it? Yes No

How did you learn about us? _____

Summarize special skills or qualifications _____

EDUCATION

TYPE OF SCHOOL	NAME, CITY AND STATE	COURSE OF STUDY	# OF YEARS	GRADE AVERAGE	MAXIMUM GRADE	DEGREE, DIPLOMA, CERTIFICATE AND HONORS RECEIVED
HIGH SCHOOL						
COLLEGE / UNIVERSITY						
OTHER EDUCATION						

**** ALL 4 PAGES OF THE APPLICATION MUST BE COMPLETELY FILLED OUT IN ORDER TO BE CONSIDERED FOR EMPLOYMENT. AN ATTACHED RESUME DOES NOT SUPPLANT COMPLETING THE FORM.****

ADDITIONAL INFORMATION

Describe specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

Indicate any foreign languages you can speak, read, and/or write.

OTHER QUALIFICATIONS

Summarize special job-related skills and qualifications.

State any additional information you feel may be relevant to the job(s) in which you are applying for.

SPECIALIZED SKILLS

_____ CRT	_____ Fax	Production/Mobile Machinery (list):	Other
_____ P C	_____ Excel	_____	_____
_____ Calculator	_____ MS Word	_____	_____
_____ Typewriter WPM	_____ MS Access	_____	_____
_____ MS PowerPoint	_____ Any accounting software		

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EMPLOYMENT HISTORY LIST IN DATE ORDER, MOST RECENT FIRST

I

Name of Employer _____ Phone: _____

Address _____
(Street) (City) (State) (Zip Code)

Supervisor's name and title _____

Your Title _____

Employed From _____ To _____ Starting Wage \$ _____ Ending Wage \$ _____

Describe work performed _____

Reason for leaving _____

II

Name of Employer _____ Phone: _____

Address _____
(Street) (City) (State) (Zip Code)

Supervisor's name and title _____

Your Title _____

Employed From _____ To _____ Starting Wage \$ _____ Ending Wage \$ _____

Describe work performed _____

Reason for leaving _____

III

Name of Employer _____ Phone: _____

Address _____
(Street) (City) (State) (Zip Code)

Supervisor's name and title _____

Your Title _____

Employed From _____ To _____ Starting Wage \$ _____ Ending Wage \$ _____

Describe work performed _____

Reason for leaving _____

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PERSONAL REFERENCES

NAME/ADDRESS	RELATIONSHIP	DAY TIME PHONE	EVENING PHONE
1			
2			
3			

ACKNOWLEDGEMENT

I certify that I have completed this application and the information provided by me is correct to the best of my knowledge. I understand that any falsification of this application, whether willingly or accidental, is grounds for disqualification of employment consideration, or dismissal from employment if I am hired.

I authorize the MARC Inc. to contact any and all of the references and employers listed on this application so that employment related information and character references may be obtained.

I release any mentioned references and employers and the MARC Inc. from any and ALL liability of any damages that may result from information disclosed.

I understand that evidence of adverse driving history and/ or length of driving history may not solely exclude me from employment consideration at MARC Inc., however, I understand that if I am applying for a position that requires driving for MARC Inc., I may not be eligible for hire.

I understand that evidence of criminal history may not solely exclude me from employment consideration at MARC Inc., however, certain positions require that I am able to satisfy the background level 2 screening requirements of the APD (Agency for Persons with Disabilities) and DCF (Department of Children and Families) to be eligible for hire.

I understand that if I am applying for a position that requires proof of education, High School Diploma/ GED/ Professional Certifications and/or College Degrees, such correspondence must be provided to permit hire.

I am aware that verification of eligibility to work in the United States must be satisfied for hire.

Applicant's Signature

Date

Revised 10/03/2016

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Background Check & Staff Training Requirements

BACKGROUND SCREENINGS:

Local Background Check

Note: Rescreening Required Every 5 Years

Prior to eligibility for hire, this background check must be completed by M.A.R.C. Human Resources via the Monroe County Sheriff's Department; and candidates must clear the screening requirements.

FDLE & FBI Background Check

Note: Rescreening Required Every 5 Years

Prior to eligibility for hire, this FDLE and FBI Fingerprinting must be completed and screening results must be approved by APD. **Fee is \$44.00 CASH ONLY.** Once an applicant begins work, reimbursement will be made to the employee via check. Government approved picture ID is required - Fingerprinting is conducted on site by the MARC HR rep.

Candidates must complete an Agency for Persons with Disabilities (APD) Affidavit of Good Moral Character, a M.A.R.C. release form, a Clearinghouse Screening form and an FDLE Privacy Policy acknowledgement form prior to background checks being administered. In addition, past employment and/or current employment verification(s) must be satisfied for all **Direct Care Positions**. Human Resources will complete such verifications verbally and will document for record.

THREE CHARACTER REFERENCES

***IN PAPERWORK PACKET**

Prior to eligibility for hire, three letters of character reference are required.

MAILING ADDRESS: M.A.R.C. HR Dept., P.O. Box 428, Key West, FL 33041

PHYSICAL ADDRESS: M.A.R.C. 1401 Seminary St., Key West, FL 33040

FAX: 305-292-0078 Please use cover page addressed to HR Dept.

Approved Reference Questionnaire will be provided by Human Resources for candidates.

C.P.R.CERTIFICATION

Note: Recert. Every 2 Years

This training may be completed within 30 days of working in a **Direct Care Position**. This training must be scheduled. The curriculum is approved by the American Heart Association or the American Red Cross. The training is approximately 4 hours and is in a classroom setting at our local offices. There is no cost to applicants. If you prefer to use another training method, please contact the Red Cross at candidates own expense.

FIRST AID CERTIFICATION

Note: Recert. Every 2 Years

This training may be completed within 30 days of working in a **Direct Care Position**. This training must be scheduled. The curriculum is approved by the American Heart Association or the American Red Cross. The training is approximately 1 hour and is in a classroom setting at our local offices. There is no cost to applicants. If you prefer to use another training method, please contact the Red Cross at candidates own expense: .

If you have a current certification(s) from the American Heart Association or American Red Cross a copy is required for your personnel file.

Courses will be scheduled through MARC for those that need these certifications.

Use INTERNET EXPLORER for these online trainings.

SECURITY AWARENESS TRAINING

Note: Required Annually

Prior to eligibility for hire, this training must be completed. Please use the link to access and complete the training online @ <http://www.myflfamilies.com/general-information/dcf-training>, provided by Florida Department of Children & Families. **You MUST print the certificate when done.**

HIPAA

Note: Required Annually

Prior to eligibility for hire, this training must be completed. Please use the link to access and complete the training online @ <http://app.brainshark.com/AttainInc/vu?pi=802462455> **Please forward the email with your certificate to MARC's HR office at hr@marchouse.org.**

TRAIN FLORIDA

Prior to eligibility for hire, these online courses through TRAIN Florida, on behalf of APD, must be completed with passing grades. I will submit your information to the agency. You will receive an email from TRAIN Florida (apd.lmssupport@apdcare.org) with your user name and instructions on how to sign in and activate your account. Please do this and then notify HR with your user name and password so that I can log in and assign the required courses. You will then receive another email from TRAIN Florida with a subject ***Thank you for registering!*** for each course. Sign into your TRAIN Florida account; you will find the courses listed in *My Learning* under your dashboard on the far right-hand side of the screen. The courses that will be required are:

ZERO TOLERANCE TRAINING 1868

Note: Required Every 3 Yrs

CORE COMPETENCIES TRAINING 2664

HIV/AIDS AWARENESS TRAINING 1059884

Note: Required Every 2 Yrs

IRWIN SEGEL AGENCY

Prior to eligibility for hire, two (2) of these online courses through the Irwin Siegel Agency must be completed with passing grades. <http://clmi.mnlms.net/mnet/hlms/irwinsiegelagencyinc/tsvr>

Your assigned ID for access to the courses is written below.

ID: _____

The courses that will be required are:

INFECTION CONTROL TRAINING “Blood Borne Pathogens: Always Protect Yourself”

Once signed in, select the course as written in the line above. There is no need to print anything when complete; HR will pull a copy of your certificate of completion.

Note: Required Annually

SAFE DRIVING TRAINING – Driving: Defensive Driving: Passenger Vehicles

Once signed in, select the course as written in the line above. There is no need to print anything when complete, however, notify HR that the course is complete so they can retrieve a copy of your certificate of completion.

***** OR *****

SAFE DRIVING TRAINING – Driving: Defensive Driving: Step Van Driver Training

Prior to eligibility for hire in a **position that may require Driving (vans)**. No User Name or Password is required. However, you **MUST PRINT** your certificate upon completion.

In addition to the above requirements, if a candidate is hired they will be required to also complete trainings on an annual basis according to their position requirements as per the Agency for Persons with Disabilities, the Florida Department of Children & Families and the M.A.R.C. Failure to meet such standards is grounds for suspension and or dismissal.

All MARC employees must read and agree to the MARC Policies and Procedures, including, but not limited to the policies and procedures contained in the MARC Personnel Handbook.

All Direct Care Position requirements are sanctioned by the Agency for Persons with Disabilities, the Florida Department of Children and Families and the M.A.R.C. Inc. New employees must also be trained on the following by way of approved APD method:

APPENDIX A

Core Assurances for Providers of Developmental Disabilities
Home and Community-Based Waiver Services Program of the
Developmental Disabilities Waiver Services Coverage and Limitations Handbook

The Medicaid Waiver Services Agreement and its Attachments. The Developmental Disabilities Waiver Services Coverage and Limitations Handbook and its appendices, and the use of personal goals to establish a person-centered approach to service delivery.

New Hires must also have met the position specific requirements mentioned in the APD Handbook and continue to follow practices as necessary and as updated by APD.

I hereby acknowledge that I must meet the above standards.

Candidate Signature
Revised 02/02/17

Date

Email Address