



## **READ THIS FIRST**

If you have ever been told that an arrest or conviction “goes away” or cannot be discovered by an employer, there is a good chance we will find it, regardless of how many years ago it may have been. If you have not included it on your job application (as noted below), our position will be that you have not been truthful.

Licensed long-term care and daycare facilities are highly regulated industries. Because Advent Christian Village has both in its organization, we are required to take great caution during the employment process. We are legally required to make a thorough check into the criminal background of every applicant who has been offered employment. As a result, you must be very careful to fully and honestly answer all questions on Page 3 of the application that ask about arrests, convictions, or the disposition of any criminal charges. While certain types of offenses may not preclude your employment at Advent Christian Village, any hint that you have not answered these questions fully and truthfully will result in your application not being considered or, if hired, could result in your discharge from employment.

## **ONLINE NOTICE**

Some computer applications, such as Adobe Reader, will allow you to complete this application by typing in the information on your computer. However, to submit the application to Advent Christian Village, it is necessary to print out at least the four pages of the application and the criminal screening background authorization and physically submit them to our Office of Human Resources. The reason for this is because your physical signature is required in order to process your application.

It is also possible for you to print out this application and fill it in completely by hand. Please contact our Office of Human Resources at (386) 658-5592 if you have any questions.



## Criminal Background Screening Authorization

Name \_\_\_\_\_  
Last First Middle

Alias: \_\_\_\_\_

Race: (circle one) White Black Asian Indian Unknown  
Choose based on skin color. If choice is not clear, circle Unknown.

Sex: (circle one) Male Female Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ (Please supply all nine digits)

Current Address: \_\_\_\_\_  
Street or PO Box

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Phone Number (with area code)

Email Address: \_\_\_\_\_  
Supplying your email address is critical for notifying you about orientation requirements.

I hereby authorize, without reservation, Advent Christian Village to process a criminal history background investigation from any law enforcement agency using my name and Social Security number.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature



ADVENT CHRISTIAN VILLAGE
AT DOWLING PARK

We are an equal opportunity employer, dedicated to non-discrimination in employment on the basis of race, color, age, religion, sex, national origin, handicap, disability, marital status or genetic information.

Please notify us of any needed accommodation to participate in the application process.

Date: Last four digits of Social Security No.:

Name: Last First Middle Are you 18 years or older? Yes No

List any other name(s) or Social Security number(s) you have used:

Present Address: Street, City, State, Zip

Permanent Address: Street, City, State, Zip

Best Contact No.: ( ) Referred by:

Related to an ACV employee? Please provide their Name and Department:

In case of emergency, notify: Name, Address, Best Contact No.

EMPLOYMENT DESIRED

Position: Date you can start: Salary desired:

Are you employed now? Yes No May we inquire of your present employer? Yes No

Ever worked at ACV before? Yes No Where? When?

List any days, shifts or hours you will not work:

EDUCATION

Table with 2 columns: School Name and Location, Grade Average. Rows include Grammar School, High School, College, Trade/Business/Correspondence School, and Other (including graduate school).

**PREVIOUS EMPLOYMENT:** List below sequentially all of your employers beginning with your current or most recent employer (use additional pages, if necessary).

Employment Dates (Month and Year)  _____ to _____	Name, Address and Phone # of Employer	
	Position/Job Duties	Salary
	Reason for Leaving	
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	Position/Job Duties	Salary
	Reason for Leaving	
Employment Dates (Month and Year)  _____ to _____	Name, Address and Phone # of Employer	
	Position/Job Duties	Salary
	Reason for Leaving	

Please explain any gaps in your employment history: \_\_\_\_\_

Have you received any written reprimands or disciplinary suspension during any employment?  Yes  No

If yes, please explain: \_\_\_\_\_

Have you ever been discharged or asked to resign?  Yes  No

If yes, please explain (include by whom, when and for what): \_\_\_\_\_

## CRIMINAL BACKGROUND SCREENING

Note: Checking "yes" to the next three questions will not preclude employment. We will consider the nature and gravity of the offense, the time since the offense, and the nature of the position sought.

1. Have you ever been convicted of, or pled guilty, no contest or *nolo contendere* to a crime?  Yes  No

If yes, give details (date, place, offense(s), disposition, penalty, etc.): \_\_\_\_\_

2. Have you ever been charged with a crime and either been placed on a court-ordered probation, had adjudication withheld, or entered a pre-trial intervention program?  Yes  No

If yes, give details (date, place, offense(s), disposition, penalty, etc.): \_\_\_\_\_

3. Have you ever been a defendant in a civil action for intentional tort (including but not limited to assault, battery, infliction of emotional distress, etc.)?  Yes  No

If yes, provide the case name, number, court, date, nature of action, disposition, etc. \_\_\_\_\_

## DRIVING RECORD

Do you have a valid driver's license  Yes  No What class of license do you possess? \_\_\_\_\_

Have you ever had your license or driving privileges revoked, suspended or placed on probation?  Yes  No

If yes, please explain (include when, where and what action was taken): \_\_\_\_\_

How many speeding or other moving violations have you received in the last three years? \_\_\_\_\_

List below all traffic violations (except parking) on your record for the last five years and all motor vehicle accidents in which you were involved (use additional pages if necessary).

Date	Location	Description	Result

**REFERENCES:** Give below the names of three persons not related to you, whom you have known at least one year.

Name	Address/Phone	Business	Years Acquainted

### **EMPLOYMENT APPLICATION CERTIFICATION**

I hereby agree that all the facts and information listed on this employment application are true and complete. I understand that any false, incomplete or misleading information given by me on this application or in the hiring process is sufficient cause for rejection of this application. I also understand and agree that any such false, incomplete or misleading information discovered on this application or provided in the hiring process at any time after I am employed may result in my dismissal.

I hereby authorize Advent Christian Village to investigate all statements contained in this application, to interview the references and previous employers listed in this application, and to obtain a report from a consumer reporting agency to be used for employment purposes in accordance with the Fair Credit Reporting Act. I authorize the references and previous employers listed to give Advent Christian Village all facts, opinions and evaluations concerning my previous employment and any and all liability whatsoever of whatever kind which may allegedly arise from furnishing such information to Advent Christian Village, including, but expressly not limited to, any liability for defamation or invasion of privacy.

If I am offered employment, I understand that such an offer will be conditioned upon satisfactory results of a background investigation and/or Advent Christian Village medical examination or inquiry, including a drug screen test. If then employed, I understand that I will be required to serve a 90-day probationary period. I further understand that my employment and compensation can be terminated — with or without cause or notice, at any time — regardless of the successful completion of my probationary period at the option of either Advent Christian Village or myself.

I understand and voluntarily agree as a condition of employment or my continued employment, that I may be requested by Advent Christian Village to submit to a urinalysis or other drug screen test and that my failure to take such test(s) when requested to do so or unsatisfactory test results will disqualify me from consideration for employment, or if I am then employed, may result in my immediate dismissal.

**I certify that I have read, understand and agree with the above.**

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Applicant



**Advent Christian Village is committed to safeguarding the health and welfare of its employees, members and visitors by promoting a work environment that is free from the influence of illegal drugs, other controlled drugs or chemical substances, or alcohol.**

Please be aware that if you accept an offer to work at Advent Christian Village, you will be subject to our drug-free work policy. The following statements apply. (A full copy of the policy is available upon request.)

- Advent Christian Village's drug-free workplace policy is compliant with Florida's Drug-Free Workplace Act, §440.102 (FS).
- We conduct the following types of drug tests: pre-employment, reasonable suspicion, random, post-accident, and post-treatment drug testing.
- You may consult with our medical review officer (MRO) for technical information about prescription or nonprescription medication you are taking or have taken. Please make a written request to the Office of Human Resources for information on how to contact our MRO.
- If you have a positive drug test, you may be disqualified from hire (for pre-employment drug testing) or subject to suspension or termination (if employed). You may contest the finding with our MRO within five working days after you have been notified of the positive test result. If your explanation or challenge is unsatisfactory to the MRO, you may further contest the finding according to Florida law or rules adopted by the Agency for Health Care Administration.
- If you tamper with or refuse to submit to a drug test, you may be considered as having a positive drug test, even if no positive drug test is confirmed, and shall be treated accordingly (disqualified from hire or suspended/terminated from work).
- All information, interviews, reports, statements, memoranda and drug test results received by Advent Christian Village as a result of this drug-free workplace policy are considered confidential and will be managed as such. Advent Christian Village may not release any such information without written consent, signed voluntarily by the person tested, unless such release is compelled by an administrative law judge, a hearing officer, a court of competent jurisdiction pursuant to an appeal, or is deemed appropriate by a professional or occupational licensing board in a related disciplinary proceeding.
- You should be prepared to report all prescription or nonprescription drugs you are using or have recently used, as well as any other information you consider relevant to the test, either at the time you are tested or if you are contacted about a positive drug test.
- It is your responsibility to notify the testing laboratory of any administrative or civil action brought pursuant to §440.102 (FS). The name and address of the testing laboratory can be made available upon your written request to our Office of Human Resources for the information.

Substance abuse seriously endangers the safety of people. If you or someone you know is drug- or alcohol-dependent, we encourage you to get help. Following is a list of names, addresses and telephone numbers of employee assistance programs and local drug rehabilitation programs.

*None of the following agencies are affiliated with Advent Christian Village. This list is subject to change from time to time.*

AA Alcoholics Anonymous  
630 W Duval St.  
Lake City, FL 32025  
(386) 758-4283

Gateway Community Services  
555 Stockton St.  
Jacksonville, FL 32204  
(904) 387-4661

Meridian Behavioral Healthcare  
1001 Nobles Ferry Rd.  
Live Oak, FL 32064  
(386) 362-4218

Apalachee Center  
2634 Capital Circle NE, Bldg. J  
Tallahassee, FL 32208  
(850) 523-3483 / 1-800-342-0774

Greenleaf  
2217 Pineview Dr.  
Valdosta, GA 31602  
(229) 671-6700

Redirect Counseling Services  
430 Connell Rd.  
Valdosta, GA 31602  
(229) 293-0444

Breakthroughs Counseling and Recovery  
3810-3 Williamsburg Park Blvd.  
Jacksonville, FL 32257  
(904) 419-6102

Intervention Project for Nurses  
P.O. Box 49130  
Jacksonville Beach, FL 32240  
(904) 270-1620 / 1-800-840-2720

Shands at Vista  
4101 NW 89th Blvd.  
Gainesville, FL 32606  
(352) 265-5481 / 1-888-391-7181

DISC Village  
3333 W Pensacola St., #300  
Tallahassee, FL 32304  
(850) 575-4388

Lakeview Health Systems  
1900 Corporate Square Blvd.  
Jacksonville, FL 32216  
1-800-884-1727

Taylor County Recovery Center  
215 N Washington St  
Perry, Florida 32347  
(850) 584-2772

Following is a list of drugs (by brand name, common name, or chemical name) for which Advent Christian Village may test:

**Alcohol** (booze, drink, distilled spirits, wine, malt beverages, beer intoxicating liquors, alcoholic beverages, etc.)

**Amphetamines** (Binhetamine, Desoxyn, Dexedrine)

**Cannabinoids** (marijuana, hashish, hash, hash oil, pot, joint, roach, grass, weed, reefer)

**Cocaine** (coke, blow, nose candy, snow, flake, crack)

**Phencyclidine** (PCP, angel dust, hog)

**Methaqualone**

**Opiates** (opium, dover's powder, paregoric, parepectolin)

**Barbiturates** (Phenobarbital, Tuinal, Amytal)

**Benzodiazepines** (Ativan, Azene, Klonopin, Dalmane, Diazepam, Halcion, Librium, Paxipam, Restoril, Serax, Tranxene, Valium, Verstran, Xanax)

**Methadone** (Dolophine, Methadose)

**Synthetic Narcotics or Designer Drugs**

**Metabolites of any substances listed above**

Following is a list of over-the-counter and prescription medications — including brand name, common name, and chemical name — that *may alter or affect drug test results*.\*

Alcohol, including distilled spirits, wine, malt beverages, and intoxicating liquors or metabolites	All liquid medications containing ethyl alcohol (ethanol). Please read label for alcohol content. As an example, Vick's Nyquil is 25% (50 proof) ethyl alcohol, Comtrex is 20% (40 proof), Contact Severe Cold Formula Night Strength is 25% (50 proof), and Listerine is 26.9% (54 proof).
Amphetamines	Obetrol, Biphphetamine, Desoxyn, Dexedrine, Didrex, Ionamine, Fastine
Cannabinoids	Marinol (Dronabinol, THC)
Cocaine	Cocaine HCl topical solution (Roxanne)
Phencyclidine	Not legal by prescription
Methaqualone	Not legal by prescription
Opiates	Paregoric, Parepectolin, Donnagel PG, Morphine, Tylenol with Codeine, Emprin with Codeine, APAP with Codeine, Aspirin with Codeine, Robitussin AC, Guaiatuss AC, Novahistine DH, Novahistine Expectorant, dilaudid (Hydromorphone), M-S Contin and Roxanol (morphine sulfate), Percodan, Vicodin, Tussi-organidin, etc.
Barbiturates	Phenobarbital, Tuinal, Amytal, Nembutal, Seconal, Lotusate, Fiorinal, Fioricet, Esgic, Butisol, Mebral, Butabarbital, Butalbital, Phenrinin, Triad, etc.
Benzodiazepines	Ativan, Azene, Clonopin, dalmine, Diazepam, Librium, Xanax, Serax, Tranxene, Valium, Verstran, Halcion, Paxipam, Restoril, Centrax
Methadone	Dolphine, Metadose
Propoxyphene	Darvocet, Darvon N, Dolene, etc.

\* Due to the large number of obscure brand names and constant marketing of new products, this list cannot and is not intended to be all-inclusive.