Application for Employment

An Equal Opportunity Employer

Please answer all applicable questions completely. A resume may be submitted for additional information, but it will not be accepted in place of a completed application. This application is used for many positions, so some questions may not apply to the position you want. All applicants are subject to drug testing in accordance with applicable law and BCI policy.

Preferred name and pronouns are optional. Do not provide your Social Security number on this application. BCI will request it after a conditional offer of employment.

Applicant Information

Last Name: _____ **First Name:** _____

Middle Name: _____ **Preferred Name:** _____

Pronouns: _____ **Date:** _____

Telephone: _____ **Email:** _____

Street Address: _____

City, State, ZIP: _____

Position Desired: _____ **Date Available:** _____

Employment desired: ☐ Full-Time (FT) ☐ Part-Time (PT) ☐ On-Call (O/C) ☐ Any

Eligibility and Qualifications

Are you legally authorized to work in the United States?	☐ Yes	☐ No
Will you now or in the future require sponsorship for employment visa status?	☐ Yes	☐ No
Are you at least 18 years of age?	☐ Yes	☐ No
Are you able to perform the essential functions of the position you are applying for, with or without reasonable accommodation?	☐ Yes	☐ No

If hired, you must complete Form I-9 and may present any acceptable documents of your choice to show identity and employment authorization. BCI verifies employment eligibility through E-Verify as required by Florida law.

Do you use any tobacco product, such as cigarettes, chewing tobacco, snuff, or electronic cigarettes?	☐ Yes	☐ No

If yes, type: _____

Education, Licenses, and Skills

School	Name and Location (City, State)	Years Completed	Degree/Diploma	Major
High School / GED				
College				
Graduate / Other				

License or Certification	Issuing Agency/State	Number	Expiration

Honors received, other job-related skills, or qualifications that support your application:

To permit a check of your work and education records, have you used any other name? ☐ Yes ☐ No

Other names used: _____

Employment History

Have you previously worked for the Department of Children and Families (DCF), including contract and subcontract providers? ☐ Yes ☐ No

Employer / Position: _____

List all prior employment, beginning with your most recent position. Account for all periods of time, including unemployment, self-employment, and military service. Attach additional pages if needed.

Position 1 (most recent)

Employer:		**Dates (From/To):**	
Address:		**Job Title:**	
Supervisor:		**Telephone:**	
Start / Final Pay:		**Reason Left:**	

Work Performed:

Position 2

Employer: _____ **Dates (From/To):** _____
Address: _____ **Job Title:** _____
Supervisor: _____ **Telephone:** _____
Start / Final Pay: _____ **Reason Left:** _____
Work Performed:

Position 3

Employer: _____ **Dates (From/To):** _____
Address: _____ **Job Title:** _____
Supervisor: _____ **Telephone:** _____
Start / Final Pay: _____ **Reason Left:** _____
Work Performed:

Position 4

Employer: _____ **Dates (From/To):** _____
Address: _____ **Job Title:** _____
Supervisor: _____ **Telephone:** _____
Start / Final Pay: _____ **Reason Left:** _____
Work Performed:

Have you ever been dismissed or forced to resign from any employment? ☐ Yes ☐ No

If yes, explain: _____

Are you currently employed? ☐ Yes ☐ No

May we contact your present employer? ☐ Yes ☐ No

May we contact your previous employers? ☐ Yes ☐ No

If no, explain: _____

Military Service (Voluntary)

Providing this information is voluntary. It will be used only to recognize relevant experience and will not be used to discriminate.

Are you a veteran of the U.S. military? ☐ Yes ☐ No

Branch of Service: _____ **Dates of Duty:** _____

Emergency Contact

Name: _____ **Relationship:** _____

Telephone: _____ **City/State/ZIP:** _____

Street Address: _____

Background and Compliance

Positions with access to the individuals we serve require fingerprint-based Level 2 background screening under Florida law (chapter 435, s. 394.4572, and s. 397.4073, Florida Statutes). A separate disclosure and authorization form will be provided for background screening.

Have you ever been convicted of, or entered a plea of guilty or no contest (nolo contendere) to, a felony or misdemeanor, including a plea with adjudication withheld? Do not include minor traffic violations.	☐ Yes	☐ No
Do you have any criminal charge pending or awaiting final disposition?	☐ Yes	☐ No
Have you ever had a professional license or certification denied, suspended, revoked, or restricted?	☐ Yes	☐ No
Have you ever been excluded, suspended, debarred, or sanctioned from participation in Medicare, Medicaid, or any other federal or state health care program?	☐ Yes	☐ No
Have you ever been the subject of a verified finding of abuse, neglect, or exploitation of a child or vulnerable adult?	☐ Yes	☐ No

If you answered yes to any question above, provide dates, locations, and the circumstances, and any evidence of rehabilitation you want BCI to consider. Attach a separate sheet if needed.

_____

_____

A conviction does not automatically disqualify you. BCI considers the nature and seriousness of the offense, the time that has passed, and its relationship to the duties of the position. Florida law disqualifies persons with certain offenses from positions involving direct contact with individuals served, unless an exemption is granted.

Driving and Availability

If a job requires driving, your driving record will be verified. Please be prepared to furnish a driving transcript upon an offer of employment.

Do you have a valid driver's license?	☐ Yes	☐ No

Describe any moving violations or accidents in the last 5 years:

_____

Do you have reliable transportation to and from work?	☐ Yes	☐ No
Will you work overtime if asked?	☐ Yes	☐ No
Are there any hours, shifts, or days you are unable to work?	☐ Yes	☐ No

If yes, list: _____

You are not required to state a reason. BCI will consider requests for reasonable accommodation.

Do you have any relatives or friends who work for BCI?	☐ Yes	☐ No

Name: _____ **Relationship:** _____

Name: _____ **Relationship:** _____

Have you filed an application with BCI before?	☐ Yes	☐ No
Have you been employed by BCI before?	☐ Yes	☐ No

Date Applied: _____ **Date Employed:** _____

Employment References

List three persons, not related to you, whom you have known for at least three years.

Name	Company/Title	Address	Telephone

How did you hear about BCI and this position?

_____

List any other information or remarks you want considered as part of your application.

_____

_____

Equal Opportunity and Accommodation Notice

Bridgeway Center, Inc. (BCI) is an Equal Employment Opportunity (EEO) employer. Employment decisions are made without regard to race, color, religion, sex (including pregnancy, sexual orientation, or gender identity), age, national origin, disability, genetic information, military or veteran status, marital status, or any other characteristic protected by applicable federal, state, or local law. Decisions are based on an individual's qualifications, skills, and abilities.

BCI complies with the Americans with Disabilities Act (ADA), the Pregnant Workers Fairness Act, and applicable state laws. Applicants and associates may request a reasonable accommodation for a disability, a pregnancy-related condition, or a sincerely held religious belief to participate in

the application process or perform the essential functions of a position. To request one, contact Human Resources (HR).

During the interview process, applicants may be asked about their ability to perform job-related functions. After a conditional offer, applicants may be required to complete a medical questionnaire or examination, consistent with applicable law. All entering associates in the same job category are subject to the same requirements, and medical information is kept confidential in separate files.

Applicant's Statement

I certify that all information in this application and any accompanying documents is true, complete, and accurate to the best of my knowledge. I understand that any misrepresentation, omission, or falsification may result in disqualification from employment consideration or, if I am employed, termination at any time.

I understand that employment with BCI is contingent upon successful completion of Level 2 background screening and other screening required by law and BCI policy, which may include reference checks, employment eligibility verification (Form I-9 and E-Verify), drug testing, and verification of licenses, certifications, and exclusion status. I authorize BCI to verify the information in this application and to contact educational institutions, former employers, and references. To the extent permitted by law, I release BCI and all parties providing information from liability related to the collection and use of that information. I understand that I will receive a separate disclosure and authorization form before any consumer report is obtained.

I understand that, if hired, my employment is at-will, meaning it is for no specific term and may be ended by me or by BCI at any time, with or without cause or notice, in accordance with applicable law. No oral or written statement, policy, handbook, or practice is an employment contract or changes the at-will relationship unless it is in writing and signed by the President/Chief Executive Officer (CEO).

I understand that many positions at BCI depend on available funding and may be modified or eliminated if funding or revenue changes. I understand that BCI may revise its policies, procedures, and Associate Resource Guide at any time at its discretion.

If offered employment, I agree to comply with all BCI policies and procedures, including the Drug-Free Workplace and Non-Harassment policies. I understand that a violation may result in disciplinary action, up to and including dismissal.

I acknowledge that I have read, understand, and agree to the terms outlined above. If I submit this application electronically, I agree that my electronic signature has the same effect as a handwritten signature.

Applicant Signature: _____ **Date:** _____

Printed Name: _____ **Date:** _____