



1410 S. Lecanto Highway • Lecanto • Florida 34461  
 Phone: 352/270-8814 • Facsimile: 352/270-8816

[www.jessiesplacecitrus.org](http://www.jessiesplacecitrus.org)

**VOLUNTEER/EMPLOYMENT APPLICATION**

The Citrus County Children's Advocacy Center (hereinafter Jessie's Place) is an Equal Employment Opportunity Employer. We consider applicants or volunteers for all programs without regard to race, color, national origin, sex, age, disability, marital status, religion or any other legally protected status.

County of Citrus  
 Date Submitted: \_\_\_\_/\_\_\_\_/\_\_\_\_

**INSTRUCTIONS:**

Applications must be typewritten or printed legibly. All questions must be answered. Applications which are not complete will not be considered. If space is not sufficient for complete answers or you wish to furnish additional information, attach additional sheets of the same size as this application, and number answers to correspond with questions.

**PERSONAL HISTORY:**

\_\_\_\_\_  
 Last Name, First Middle .

\_\_\_\_\_  
 Residence Address

\_\_\_\_\_  
 City County State Zip Code

\_\_\_\_\_  
 Telephone Number: (Home) (Other) (E -mail Address)

Other: List all other names you have used including circumstances and time periods you used them. (For example: maiden name(s), former name(s), alias(es), or nicknames(s)).

\_\_\_\_\_  
 Name Circumstance Date From Date To

\_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_

BACKGROUND INFORMATION:

THIS INFORMATION IS REQUIRED TO CONDUCT BACKGROUND INVESTIGATION ONLY!

\_\_\_\_\_  
Date of Birth                      City                      County                      State                      Country

Are you a United States Citizen? \_\_\_\_ Yes \_\_\_\_ No      Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Marital Status: \_\_\_\_ Married \_\_\_\_ Divorced \_\_\_\_ Separated \_\_\_\_ Widowed \_\_\_\_ Never Married

**Notice: Jessie's Place has asked that you provide your Social Security number. The decision to provide your Social Security number is at your option. If you choose to provide your Social Security number, Jessie's Place will use it for the purposes of identification and may share the information with other agencies for the same purpose. Jessie's Place's request for your Social Security number is authorized by State Law because use of it is imperative for the office to fulfill its lawful duties and responsibilities.**

EDUCATION / TRAINING

Indicate any foreign languages you speak, read or write: \_\_\_\_\_

Indicate any special training, skills, hobbies or talents that may be useful for the position you are applying for:  
\_\_\_\_\_  
\_\_\_\_\_

DRIVING HISTORY

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Exp. \_\_\_\_\_

Has your license ever been suspended or revoked? \_\_\_\_ Yes \_\_\_\_ No

If yes, why? \_\_\_\_\_

Do you have any driver's license restrictions? \_\_\_\_ Yes \_\_\_\_ No

If yes, what type of restriction: \_\_\_\_\_

ARREST HISTORY / COURT DATA

Have you ever been arrested and/or charged with a crime? \_\_\_\_ Yes \_\_\_\_ No

Have you ever been detained by a law enforcement officer for investigative purposes or to your knowledge have you ever been the subject of or a suspect in any criminal investigation? \_\_\_\_ Yes \_\_\_\_ No

Have you ever been fingerprinted for any reason (arrest, job application, military, etc.)? \_\_\_\_ Yes \_\_\_\_ No

If yes to question # 1, #2 or #3, please provide details.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you or your spouse ever been a plaintiff or a defendant in a court action? (Include any liens, lawsuits, bankruptcy, domestic violence injunctions, etc.) \_\_\_\_ Yes \_\_\_\_ No

If you answered yes, give date, place or court, case number, names of involved parties, nature of action, and final disposition.

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AREA OF ASSIGNMENT:

What positions/duties are you interested in applying or volunteering for? \_\_\_\_\_

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APPLICANT'S CERTIFICATION:

I understand that my volunteer or employment status will be contingent upon the results of a complete background investigation. I am aware that any omission, falsification, misstatement or misrepresentation will be the basis for my disqualification as a volunteer or my dismissal from Jessie's Place. I agree to the conditions and certify that all statements made by me on this application are true, correct and complete, to the best of my knowledge. I also understand that I may be fingerprinted. I understand that this application shall become the property of Jessie's Place and that it and the information received in response to the background examination are public records. I further understand and agree that my employment or volunteer status may be contingent upon the results of a complete drug test. I understand that the use of drugs or alcohol is not permitted, during work or duty time, whether paid or unpaid, in the areas, including vehicles, where work is performed by employees, appointees or volunteers. I understand that any prescription drug use that might affect my duties (i.e. driving) must be reported to the Executive Director. I understand that any change in my driver's license status must be immediately reported to the Executive Director. I understand that my continued status may be contingent upon the results of medical or psychological examinations that I may be required to take during the term of my employment or volunteer status. I further authorize Jessie's Place or an agent of Jessie's Place, without need of further authorization, to obtain medical records allowed by law if I claim rights to payment or receipt of any benefit pursuant to state or federal law. I understand that unless otherwise defined by applicable law, any employment or volunteer relationship with this office is "at will", which means that the Board of Directors or the Executive Director, jointly or individually, may discontinue my employment or volunteer status at any time with or without cause and that this "at will" relationship may not be changed unless authorized in writing by the Board. I authorize any of the persons or organizations referenced in this application to furnish information, personal or otherwise, regarding my ability and fitness for employment or volunteer service with Jessie's Place and I release all such parties from any and all liability for any damage that might result from furnishing such information to Jessie's Place. I agree to conform to the rules, regulations and orders of Jessie's Place and acknowledge that these rules, regulations and orders may be changed, interpreted, withdrawn or added to by the Board of Director's for Jessie's Place, at its discretion, at any time and without any prior notice to me. I understand an investigation will be conducted on all of the information listed on this application. Because of this, are you aware of any information about yourself or any person with whom you are or had been closely associated (including relatives, roommates) which might tend to reflect unfavorably on your reputation, morals, character or ability? \_\_\_\_ Yes \_\_\_\_ No

If yes, provide your version or explain fully any such incident. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant as Usually Written

\_\_\_\_\_  
Date

Witnessed By:  
  
\_\_\_\_\_

**BACKGROUND INVESTIGATION WAIVER**

Authority for Release of Information  
TO: Concerned Person or  
Authorized Representative of  
Any Organization, Institution  
or Repository of Records

**EMPLOYING AGENCY REQUESTING BACKGROUND INFO:**  
**CITRUS COUNTY CHILDREN'S ADVOCACY CENTER, INC. d/b/a JESSIE'S PLACE**

I hereby authorize any employee or authorized representative bearing this release, or copy thereof, to obtain any information in your files pertaining to my employment records including, but not limited to, achievement, attendance, personal history, disciplinary records, medical records, credit records, and criminal history records. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the requesting agency. Consent is granted for the agency to furnish such information, as is described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as the custodian of such records, and employer, education institution, physician, hospital or other repository of medical records, credit bureau or consumer reporting agency, including its officers, employees, and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. A photocopy of this form will be as effective as the original.

I hereby authorize the National Records Center, St. Louis, Missouri, or other custodian of my military record to release information or photocopies from my military personnel and related medical records, including a photocopy of my DD 214, Report of Separation, to:

\_\_\_\_\_  
\_\_\_\_\_

Florida State Statute 768.095 titled employer immunity from liability; disclosure of information regarding former employees states: - An employer who discloses information about a former employee's job performance to a prospective employer of the former employee upon request of the prospective employer or of the former employee is presumed to be acting in good faith and, unless lack of good faith is shown by clear and convincing

evidence, is immune from civil liability for such disclosure of its consequences. For the purposes of this section, the presumption of good faith is rebutted upon a showing that the information disclosed by the former employer was knowingly false or deliberately misleading, was rendered with malicious purpose, or violated any civil right of the former employee protected under chapter 760.

Pursuant to Section 943.13 (4), (5) and (7) F.S., Chapter 2001-94, Laws of Florida, disclosure of information is required unless contrary to state or federal law. Civil penalties may be available for refusal to disclose non-privileged legally obtainable information.

\_\_\_\_\_  
Applicant's Signature \_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Address

**AFFIDAVIT**

STATE OF FLORIDA, COUNTY OF \_\_\_\_\_

Before me personally appeared \_\_\_\_\_ who says that he/she executed the above instrument of his/her own free will and accord, with full knowledge of the purpose therefore.

Sworn and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

My commission expires on \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

Personally Known - or - Produced Identification

Type of Identification Produced: \_\_\_\_\_

APPLICANT'S NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

SOCIAL SECURITY NO.: \_\_\_\_\_

**STATEMENT OF CONFIDENTIALTY**

In the process of performing work as an employee or volunteer for Jessie's Place, it is possible to come in contact with or overhear information that is of a sensitive nature or is subject to exemption from the public record laws of the State of Florida. Any information viewed or overheard is strictly confidential and under no circumstance should be discussed. Any disclosure of information may be grounds for immediate dismissal. You may also be subject to criminal prosecution and or civil penalties.

I certify that I understand this statement of confidentiality and accept its terms and conditions.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

