

Have you ever been a defendant in a civil action for intentional tort(s) (e.g., assault, battery, intentional infliction of emotional distress), or an unlawful employment practice (e.g. sexual or racial harassment)? Yes No

If yes, give details (date, place, offense(s), disposition, etc.): _____

PREVIOUS EMPLOYMENT: List below sequentially all of your employers in the last ten (10) years beginning with your current or most recent employer (use additional pages, if necessary).

Date Month & Year	Name, Address and Telephone # of Employer	Position and Job Duties	Salary	Reason for Leaving
From: To:				
From: To:				
From: To:				
From: To:				

Did you work for any of these employers under a different name? Yes No

If yes, which employer(s) and under what name(s)? _____

Please explain any gaps in your employment history: _____

Have you received any written reprimands or disciplinary suspension during any previous 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): _____

DRIVING RECORD

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

State _____ Driver's License Number _____

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 (3) years? _____

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

Name	Address	Business	Years Acquainted

EMPLOYMENT APPLICATION CERTIFICATION

I hereby certify that all of 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 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 at any time after I am employed may result in my dismissal.

I hereby authorize the Abilities Resource Center of Indian River County or an independent contractor 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 the Abilities Resource Center all facts, opinions and evaluations concerning my previous employment and any other information they may have, personal or otherwise, and release all such parties from any liability which may allegedly arise from furnishing such information to the ARC of Indian River County, including, but 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, medical examination, including a drug screen test. If then employed, I understand that I will be required to serve a ninety (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 the Chief Executive Officer (CEO) or myself. I understand that no supervisor or other representative of the other than the CEO has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

I further understand and voluntarily agree as a condition of employment or my continued employment, that I may be requested by the ARC of Indian River County 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 unsatisfactorily test results will disqualify me from consideration for employment, or if I am employed, may result in my immediate dismissal.

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

Signature of Applicant

Date



Criminal History Information Request

I am requesting a criminal history record check on the following individual. Date requested:

Last Name:		DO NOT WRITE IN THIS SPACE
First Name:	Middle Name:	
Other Names Used:		
Race:	Sex:	
Social Security Number XXX-XX-		Arrest Record Attached <input type="checkbox"/>
Address:		Based on the information provided no record was located. <input type="checkbox"/>
		Completed by _____ Date _____

Required Information

Last & First Name- Complete name of person Sex- Male or Female Date of Birth
Race- White; Black; American Indian or Alaskan; Asian or Pacific Islander; or Unknown
 *****INDIACTE HISPANIC PERSONS AS WHITE OR BLACK BASED ON SKIN COLOR*****

Optional Information

Social Security Number, Middle name, Other Names Used, and Address

Payment Options

Personal or Business Check- Must include pre-printed name of account holder and mailing address
Money Order- Must be made payable to U.S. Funds

All Payments must be made payable to Indian River County Sheriff's Office

Please print this form and mail it (along with the required \$3 processing fee, payable to Indian River County Sheriff's Office) to:
 Please include a self addressed stamped envelope if results are to be returned by U.S. Mail.

Indian River County Sheriff's Office
 ATTN: Central Records
 4055 41st ave
 Vero Beach, FL 32960

Return Criminal History Information Request Results To:

Contact Person:	Street:
Contact Telephone:	City:
<input type="checkbox"/> Email:	State:
<input type="checkbox"/> FAX:	Zip:
<input type="checkbox"/> I will pick up the reports within 30 days.	
*Please advise that reports not picked up within 30 days will be shredded and a new request and payment will be required.	