

P.C.A. PLUS, INC

33 Knight Boxx Rd #2, Orange Park, FL 32065
904-272-5096 Office / 904-272-5097 Fax
HCBS Provider # 692601196

Employment Application Information

Thank you for your interest in P.C.A. Plus, Inc. It is our goal to employ competent, caring, and well-trained individuals who are responsive to the needs of the individuals and their families, as well as the communities where we serve.

Our agency provides staff with competitive compensation, an inviting work environment, and knowledgeable, trustworthy management and direction.

All positions require at least one year related experience. *Related experience is verifiable work with individuals with disabilities, children or adults and/or experience in the medical field.*

STAFF MEMBERS ARE REQUIRED BY THE STATE OF FLORIDA TO HAVE A LEVEL II BACKGROUND SCREENING DONE.

This includes, Live Scan fingerprinting (Cost is from \$42.50), Local background check (\$5.00 - \$15.00), Affidavit of Good Moral Character (notarized) and Affidavit of Compliance with background screening (signature only).

STAFF MEMBERS ARE REQUIRED TO HOLD THE FOLLOWING CERTIFICATIONS TO BE EMPLOYED WITH P.C.A. PLUS, INC:

CPR - First Aid - Zero Tolerance - Core Competency - HIV/AIDS - Infection Control – HIPAA - Medication Administration /Validation. Documentation Training, Core Assurances, Needs & Characteristics, Health & Safety are also required and are obtained during orientation. *Cost to obtain all certifications approximately \$120.00 and will vary depending on where you take the course.*

Please note: we do accept these certifications from other companies as long as they have not expired.

Instructions:

1. Use ink only – NO pencil
2. Complete ALL sections of the Employment Application. Do not leave any section blank. If any portion is not applicable, write N/A.
3. Return application packet with any copies of the certifications you may have.

Visit our website at www.pcaplusinc.com for more information.

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EMPLOYMENT APPLICATION

PERSONAL INFORMATION: (Please Print Clearly with Ink Pen)

TODAY'S DATE: _____

●Name: _____
Last First Middle

●Address: _____ City: _____ State: _____ Zip: _____

Telephone: Home: _____ Cell: _____ Social Security # _____

Email Address _____ Birth date: ____/____/____

●Are you at least 18 years of age? Yes No

●Have you ever been employed with PCA Plus, Inc before in any capacity? Yes No If yes, give date _____

●How were you referred to us? Website Employee Walk-In Other Source: _____

●Are you legally eligible for employment in the United States of America? Yes No

●Do you have reliable transportation to and from work? Yes No

POSITION APPLYING FOR: _____

●Date available to work: _____

AVAILABILITY:

●Type of employment desired: Part time Full time ●Are you willing to work part-time if full time is unavailable? Yes No

●Hours and days available to work: _____

●Are you able & willing to work weekends? Yes No ●Are you able & willing to work overnights? Yes No

●Please list any days and/or shifts that you are NOT able & willing to work: _____

EDUCATION:

●High School: _____ ●Type of Degree Earned (Circle One): Diploma GED

MUST PROVIDE COPY OF DIPLOMA OR PROOF OF GRADUATION OR GED IN ORDER TO PROCESS YOUR APPLICATION

●College: _____ ●College: _____

●Graduate? Yes No ●Graduate? Yes No

●Degree Earned: _____ ●Degree Earned: _____

MUST PROVIDE COPY OF COLLEGE TRANSCRIPTS

●Professional Licenses and/or Certifications: _____

MUST PROVIDE COPIES OF CURRENT LICENSES, CERTIFICATIONS AND TRAININGS

EMPLOYMENT HISTORY:

Start with your present or most recent employer. Use additional paper if needed.

Company: _____ Position: _____
Address: _____ City/State: _____
Supervisor: _____ Phone: (_____) Fax: _____
Dates Worked (Month/Year): Start: ____/____/____ End: ____/____/____ Wage: Start: _____ End: _____
Responsibilities: _____
Reason for leaving: _____ Were you terminated? Yes No

Company: _____ Position: _____
Address: _____ City/State: _____
Supervisor: _____ Phone: (_____) Fax: _____
Dates Worked (Month/Year): Start: ____/____/____ End: ____/____/____ Wage: Start: _____ End: _____
Responsibilities: _____
Reason for leaving: _____ Were you terminated? Yes No

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Responsibilities: _____
Reason for leaving: _____ Were you terminated? Yes No

Company: _____ Position: _____
Address: _____ City/State: _____
Supervisor: _____ Phone: (_____) Fax: _____
Dates Worked (Month/Year): Start: ____/____/____ End: ____/____/____ Wage: Start: _____ End: _____
Responsibilities: _____
Reason for leaving: _____ Were you terminated? Yes No

AUTHORIZATION FOR RELEASE OF RECORDS & INFORMATION

In connection with my application for employment, and/or employment with this company, I understand and am hereby notified by this document that PCA Plus, Inc. is authorized to request a consumer report from a consumer reporting agency for evaluation of me for employment (i.e., employment, promotion, reassignment, or retention as an employee). I understand that these consumer reports may contain information from public records, including written, oral, or other communications bearing on my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living, which may or may not be used as a factor for employment purposes. I further understand that inquiries may include, but are not limited to, criminal convictions, motor vehicle records, education and previous employment verification.

*I understand that you may request information from various federal, state, and other agencies which maintain records concerning my past activities and history.

*I authorize without reservation any party or agency contacted by this employer to furnish the above-mentioned information.

*I further authorize ongoing procurement of the above-mentioned reports at any time, either during the time my application for employment is being considered or throughout the duration of my employment in the event I am hired.

*PCA Plus, Inc. is an equal opportunity employer and does not discriminate because of race, color, religion, gender, age, marital status, disability, national origin, sexual orientation or any other class protected by law.

By signing this application, I certify that all of the information that I provide is true, complete and accurate. I understand that if any information that I provide is found to be false or misleading in any respect, I may be ineligible for employment with the Company. I also understand that, if hired and if such information is later found to be false or misleading, I may be dismissed.

Print your name: _____

Signature: _____

Dated: _____

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AUTHORIZATION FOR RELEASE OF INFORMATION AND WAIVER OF LIABILITY FOR EMPLOYMENT REFERENCES

I hereby authorize _____ (Previous Employer) to provide information to my prospective employer pertaining to my employment.

I hereby voluntarily waive any and all rights I may have to privacy and/or confidentiality pertaining to my employment history and work performance insofar as the information is released solely to employers who are evaluating my suitability for employment.

This authorization shall remain valid for 90 days from the date of signature.

I hereby release _____ (Previous Employer) from any claims, damages or liabilities of any kind, that may directly or indirectly result from the use, disclosure, or release of such information by any person or party, whether such information is favorable or unfavorable to me, arising from the employment reference as contemplated by this authorization.

I have read the above, understand its contents, and voluntarily agree to its terms.

Signature

Date

Printed Name