

Welcome to Cromartie Group Home Inc.

Thank you for your interest in joining our team! This application takes approximately 15-20 minutes to complete.

Equal Opportunity Statement

Prospective employees will receive consideration without discrimination based on race, color, religion, sex (including pregnancy, sexual orientation, and gender identity), national origin, age, disability, genetic information, veteran/military status, or any other characteristic protected by federal, state, or local law. We are committed to providing reasonable accommodations for qualified individuals with disabilities and maintaining an inclusive workplace where all employees can thrive.

Questions?

We're here to help!

Call us: (305) 621-6324

Email: cromartieinc@gmail.com

Business Hours: Monday-Friday, 9:00 AM to 5:30 PM

Required Pre- Employment Documentation

The following documents are required for interview consideration. Please contact us if you have any questions.

Completed Employment Application Local Background Check **Obtained from your local police department* Attestation of Good Moral Character **To be completed in our office]* Valid Driver License/ID Resident Card/Alien Card (if applicable) Social Security Card High School Diploma or GED Transcript (official or unofficial) Level II Background Check **(Live Scan/Fingerprints)* [can be completed at a Live Scan provider of your choice. While we partner with a Live Scan provider at our facility for your convenience, this is a separate service from our group home. You can schedule your Live Scan appointment at our facility
here: <https://book.squareup.com/appointments/xf7vghvidhh5i8/location/LJHHQSDH1C9F4/services/ZKY7AGM6FE4Z4LYTVWRF3N7H>] Three (3) Letters of Reference *** [must include a date, signature, and contact information]

Required Online Certifications

Required online certifications must be completed before employment begins. These can be obtained through the Florida Agency for Persons with Disabilities (APD) training portal at: <https://apd.myflorida.com/providers/training/>

1. Zero Tolerance Training

Date Completed: _____

2. Direct Care Core Competency

Date Completed: _____

3. HIPAA Training

Date Completed: _____

Additional Required Certifications (if applicable)

While the following certifications are not required prior to employment, obtaining them within 90 days of hire will be necessary. Early completion may expedite your application process:

1. CPR

Date Completed: _____

2. First Aid

Date Completed: _____

3. Administering Medication (Validation 65G7)

Date Completed: _____

Document Verification Agreement

To initiate employment with Cromartie Group Home, Inc., all required documentation listed above must be submitted and verified prior to beginning work duties. For any questions regarding these requirements, please contact our office at (305)621-6324. Timely submission of all required documents will expedite your employment consideration process. My signature below confirms that I have read the above statements and agree to submit all required documents in a timely manner.

Print Name: _____

Signature: _____

Date: _____

Personal Information

First Name: _____

Last Name: _____

Middle Name (If Applicable): _____

Date Of Birth: _____

Email Address: _____

Address: _____

Cell telephone #: _____

Home telephone #: _____

Business telephone #: _____

Have you ever applied for employment with us? (Yes No)

If yes, Month and Year: _____

Location: _____

Position Desired:

1. Direct Service Provider
2. Group Home Manager
3. Office Personal

Locations Available

1. Hillsborough, Tampa
2. Miami Gardens, Miami

Schedule Availability

Physical Requirements and Workplace Expectations

This job may require standing, walking, or assisting individuals with physical needs. Are you comfortable fulfilling these requirements?

Yes No

Are you able to lift a minimum of 75 pounds?

Yes No

In case of emergencies or staff shortages, employees may be required to stay beyond their scheduled shift. Are you willing to stay over when necessary?

Yes No

Per Florida Statute 393.13 and agency policy, employees are legally required to remain at their post until proper coverage arrives to ensure continuous care for our residents. This mandatory stay-over policy is essential for maintaining the safety and well-being of our clients. Do you understand and agree to comply with this legal requirement?

Yes No

Preferred Shift:

1st Shift (7:00 am- 3:30 pm)

2nd Shift (3:00 pm - 11:30 pm)

3rd Shift (11:00 pm - 7:30 am)

PRN (Per Required Need/As Needed) Staff (All the information in blue should only show up if someone chooses the PRN option)

What is your availability:

Days Available to Work (Check all that apply):

Monday/ Tuesday/ Wednesday/ Thursday / Friday/ Saturday /
 Sunday

Shift Availability:

Morning (7:00 AM - 3:30 PM)

Afternoon (3:00 PM - 11:30 PM)

Overnight (11:00 PM - 7:30 AM)

Additional Information: Are you available for emergency on-call?

Yes No

Background Information Are you legally eligible for employment in the United States?

Yes No

When will you be available to begin work?

Have you been convicted of any crimes in the past ten years, excluding misdemeanors and summary offenses, which have not been annulled, expunged or sealed by a court?

Yes No

If "Yes," describe in full.

Have you ever been bonded?

Yes No

If "Yes," with what employers?

Other special training or skills (languages, machine operation, etc.)

References

Reference #1:

Name: _____

Relationship: _____

Phone: _____

Email (if applicable) : _____

Reference #2:

Name: _____

Relationship: _____

Phone: _____

Email (if applicable) : _____

Reference #3:

Name: _____

Relationship: _____

Phone: _____

Email (if applicable) : _____

Education

High School

Name & Location of School:

Course of Study: _____

Number of Years Completed: _____

Did you Graduate? Yes No

Degree or Diploma: _____

Business/Trade/Technical

Name & Location of School:

Course of Study: _____

Number of Years Completed: _____

Did you Graduate? Yes No

Degree or Diploma: _____

College

Name & Location of School:

Course of Study: _____

Number of Years Completed: _____

Did you Graduate? Yes No

Degree or Diploma: _____

Graduate

Name & Location of School:

Course of Study: _____

Number of Years Completed: _____

Did you Graduate? Yes No

Degree or Diploma: _____

Employment

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.

Company Name: _____

Address: _____

Telephone: _____

Employed (Started) : _____

Employed (Ended) : _____

Name of Supervisor: _____

Weekly Pay (Start) : _____

Weekly Pay (End) : _____

State Job Title and Describe Your Work:

Employer Number: _____

Reason for Leaving:

Company Name: _____

Address: _____

Telephone: _____

Employed (Started) : _____

Employed (Ended) : _____

Name of Supervisor: _____

Weekly Pay (Start) : _____

Weekly Pay (End) : _____

State Job Title and Describe Your Work:

Employer Number: _____

Reason for Leaving:

We may contact the employers listed above unless you indicate those you do not want us to contact. _____ **DO NOT CONTACT**

MILITARY

Did you serve in the U.S. Armed Forces? ___ Yes ___ No

If Yes, in what branch?

Describe any training received relevant to the position for which you are applying.

Signature

Please read and understand this statement before signing your application: The information I have provided in this Application for Employment is true, correct and complete. False, incomplete, or misrepresented information of any kind will be sufficient cause for my application to be rejected or, if discovered after employment, cause for immediate termination. I authorize the employer to contact and obtain information about me from previous employers, educational institutions, "references" I provided, and any other party necessary to verify the accuracy of information I disclosed in this application, resume, or personal interview. To assist in processing my application, I waive all rights and claims against the employer or its representatives for seeking and using information to evaluate my employment request, and against all other persons, corporations, or organizations who provide information for this purpose. This application will expire in 60 days. After that date, unless otherwise notified, I understand my status as an applicant will end. I may re-apply for employment by completing a new application. This application is not an employment agreement. If I accept an offer of employment, I understand I may resign at any time, and the employer may terminate my employment at any time, with or without cause and without prior notice, unless required by law. I understand that only an executive officer of the employer has authority to enter into any employment agreement with terms contrary to the foregoing, and then only in writing signed by such officer. I fully understand and accept all terms and conditions in the above statement.

Name: _____

Signature: _____

Date: _____