



APPLICATION FOR EMPLOYMENT

GENERAL INFORMATION

Name: _____ Social Security No.: _____ Date: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Time at This Address: _____ Years _____ Months Citizenship: _____ USA _____ Other (Specify) _____

Home Phone: _____ Cell Phone: _____ e-mail: _____

Referred By: _____

EMPLOYMENT DESIRED

Position: _____ Date Available: _____ Salary Desired: _____

Age Group Preference: _____ Hours/Days Available: _____

EDUCATION

School: _____ Dates: _____ Degree Received: _____ Major: _____

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Would you be willing to continue your education by enrolling in courses or other training programs that may be recommended?
Please list any courses, volunteer work, hobbies, or interests that would relate to the position for which you are applying:

Please list any community organization in which you are active:

EMPLOYMENT HISTORY

List below all present and past employment, in chronological order, of any jobs you have held during the previous 2 years or last three jobs.

1. Place of Employment:

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ Dates of Employment: From: _____ To: _____ Position Held: _____

Supervisor's Name: _____ Phone: _____ May We Contact Them? Yes No

Reason for Leaving: _____

Describe Job Duties (Attach Additional Sheets If Necessary):

2. Place of Employment:

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ Dates of Employment: From: _____ To: _____ Position Held: _____

Supervisor's Name: _____ Phone: _____ May We Contact Them? Yes No

Reason for Leaving: _____

Describe Job Duties (Attach Additional Sheets If Necessary):

APPLICATION FOR EMPLOYMENT (CONT.)

EMPLOYMENT HISTORY (CONT.)

3. Place of Employment:

Address: City: State: Zip Code:

Phone: Dates of Employment: From: To: Position Held:

Supervisor's Name: Phone: May We Contact Them? Yes No

Reason for Leaving:

Describe Job Duties (Attach Additional Sheets If Necessary):

PHYSICAL RECORD

Do you have any physical condition which may limit your ability to perform the job for which you are applying? Yes No

If yes, in what way?

EMERGENCY CONTACTS

Emergency Contact: Relationship: Telephone:

Address:

Emergency Contact: Relationship: Telephone:

Address:

GENERAL REQUIREMENTS

Section 402.3055(1)(b), Florida Statutes

Have you ever worked in a facility that has had a license denied, revoked or suspended in any state or jurisdiction or has been the subject of a disciplinary action or been fined while employed in a child care facility? Yes No

If yes, please explain (attach additional sheet(s), if necessary):

In compliance with the Department of Children & Families' requirements, no person shall be hired or retained as a staff member, paid or volunteer, who has:

- Been convicted of or admitted to or been the subject of substantial evidence of an act of child battering, child abuse, or child molesting.
- Used alcohol or drugs such that its effects are apparent during working hours that children are in care, or
- Been convicted of or admitted to any felony or any offense involving moral turpitude.

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for immediate dismissal. I attest to the accuracy of the answers above under penalty of perjury.

Signature:

Date:

