



Application for Employment

Equal Opportunity Employer
We Are a Drug Free Workplace

Personal Information

Date Application Submitted

Name (Last Name First)		Social Security Number	
Present Street Address		City	State Zip
Permanent Street Address		City	State Zip
Home Phone Number () ()	Cell Phone Number () ()	Driver's License Number	

Employment Desired

Full-Time _____ Part-Time _____

Position	Date You Can Start	Salary Desired
Are You Employed Check One	Yes No	If Yes, May We Inquire of Your Present Employer? Check One
Ever Applied to This Company Before? Check One	Yes No	Where? When?
Have You Ever Worked In a Daycare Center Where Your Actions Resulted In Your Employer Being Fined or Their License Put On Probation? Check One	Yes No	Initial
Explain: _____		
Have You Ever Been Convicted Of a Felony, Assault or Battery? If Yes, Explain. Check One	Yes No	Initial
Explain: _____		
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? If Yes, Explain. Check One	Yes No	Initial
Explain: _____		

Education History

Name and Location of School Years Attended Did You Graduate? Subjects Studied

High School				
College				
State Mandated 40 Hour Course	Yes No	If yes, which: _____		
Child Development Assoc Director's Credential	Yes No	If yes, which: _____		

General Information

Subjects of Special Study/Research Work or Special Training Skills	
U.S. Military or Naval Service	Rank



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Former Employers (List Last Four Employers, Starting With Last One First.)

Date Month & Year	Name & Address of Employer	Salary	Position	Reason For Leaving
From				
To				
From				
To				
From				
To				
From				
To				

References (Give The Names of Three Persons Not Related To You, Whom You Have Known At Least One Year.)

Name	Address	Business	Years Known

Authorization

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for termination.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the forgoing, unless it is in writing and signed by authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

DATE _____

SIGNATURE _____

INTERVIEWED BY _____ DATE _____

OFFICE USE ONLY	
Referred by:	Applying for Sanford or Apopka Facilities: