



CONFIDENTIAL EMPLOYMENT APPLICATION

Today's Date: _____

Name _____ Social Security No. _____
 Last First MI

Address _____
 Street City State Zip

Phone _____ Cell: _____ email: _____

Are you at least 18 yrs. of age? _____ U.S. Citizen _____ Yes _____ No

Have you ever been convicted of a misdemeanor or felony crime – including sex related or child abuse offenses?
 _____ No _____ Yes If yes, Please describe _____

Employment Desired

Position (s) _____ Date you can start _____ Salary desired _____

Are you currently employed? _____ May we contact your present employer? _____

Company Name: _____ Position: _____

Phone: _____

Do you currently have relatives employed at SCEIC? _____ No _____ Yes, who _____

Have you completed the mandatory 40-hour child care training? ___ Yes ___ No

Education History

School	Name & Location	Years Completed	Degree Received Or credits earned
High			
College			
Graduate School			
Other			

List any job related society memberships, professional organizations, research, skills or languages you speak:

Employment History

Section 402.302 F.S. requires verification of work history for a minimum of 2 years preceding employment.

Employer (Start with most recent)	Dates (mo./yr.)	Phone	Job Title	Reason for Leaving

REFERENCES:

Please list 3 persons and their phone numbers, who are not related to you that we can call as a reference:

Name	Relationship	Business	years known	Phone
1				
2				
3				

Pursuant to Florida Statutes Section 402.3055 (1) (b) you are required to answer the following question under penalty of perjury.

Have you ever had a license denied, revoked or suspended in any state or jurisdiction or been the subject of a disciplinary action or been fined while employed in a child care facility? ___Yes ___No

If yes, explain: _____

I certify 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 dismissal. I authorize investigation of all statements contained herein. I give you permission to obtain information concerning my previous employment and pertinent information that they may have, personal or otherwise, and release all parties from all liability for any damage that may result.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of the payment of wages or salary, be terminated at any time without any prior notice.

DATE _____

SIGNATURE _____