|  |  |
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| Island of Adventure Pre-K & Child Care Center  **“The Island”** |  |

# Employment Application

## Applicant Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Date: |  |
|  | Last | First | M.I. |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date Available: |  | Social Security No.: |  | Desired Salary: | $ |

|  |  |  |  |
| --- | --- | --- | --- |
| Position Applied for: |  | Age: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Are you a citizen of the United States? | YES | NO | If no, are you authorized to work in the U.S.? | YES | NO |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Have you ever worked for this company? | YES | NO | If yes, when? |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Do you have your 40Hrs Training? | YES | NO | Do you have your FCCPC? | YES | NO |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Do you have a current First Aid Card? | YES | NO | Do you have a current CPR Card? | YES | NO |

|  |  |  |
| --- | --- | --- |
| Have you ever worked in a child care center before? | YES | NO |

|  |  |
| --- | --- |
| If yes, where: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you have children? | YES | NO | How many? |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| If your child(ren) become sick, do you have someone to take care of them? | YES | NO | who? |  |

|  |  |  |
| --- | --- | --- |
| Do you have any existing medical condition that would prevent you from performing you job? | YES | NO |

|  |  |
| --- | --- |
| If yes, explain: |  |

|  |  |  |
| --- | --- | --- |
| Can you lift at least 50lbs if needed? | YES | NO |
| Have you ever been seen by a physician for any back problems? | YES | NO |

|  |  |
| --- | --- |
| If yes, explain: |  |

|  |  |  |
| --- | --- | --- |
| Do you have problems standing for length periods of time? | YES | NO |
| Have you ever called out on your previous job? | YES | NO |

|  |  |
| --- | --- |
| If yes, how many days: |  |

|  |  |  |
| --- | --- | --- |
| Do you have transportation to come to work? | YES | NO |

|  |  |
| --- | --- |
| If no, explain how you will get here on time: |  |

## Education

|  |  |  |  |
| --- | --- | --- | --- |
| High School: |  | : |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Did you graduate? | YES | NO | Diploma:: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| College: |  |  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Did you graduate? | YES | NO | Degree: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Other: |  |  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Did you graduate? | YES | NO | Degree: |  |

## References

Please list three professional references.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Full Name: |  | | Relationship: |  |
| Company: |  | | Phone: |  |
| Address: |  | | | |
|  |  | |  |  |
| Full Name: |  | | Relationship: |  |
| Company: |  | | Phone: |  |
| Address: | |  | | |
|  |  | |  |  |
| Full Name: |  | | Relationship: |  |
| Company: |  | | Phone: |  |
| Address: |  | | | |

## Previous Employment

|  |  |  |  |
| --- | --- | --- | --- |
| Company: |  | Phone: |  |
| Address: |  | Supervisor: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Job Title: |  | Starting Salary: | $ | Ending Salary: | $ |

|  |  |
| --- | --- |
| Responsibilities: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Reason for Leaving: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| May we contact your previous supervisor for a reference? | YES | NO |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Company: |  | Phone: |  |
| Address: |  | Supervisor: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Job Title: |  | Starting Salary: | $ | Ending Salary: | $ |

|  |  |
| --- | --- |
| Responsibilities: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Reason for Leaving: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| May we contact your previous supervisor for a reference? | YES | NO |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Company: |  | Phone: |  |
| Address: |  | Supervisor: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Job Title: |  | Starting Salary: | $ | Ending Salary: | $ |

|  |  |
| --- | --- |
| Responsibilities: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Reason for Leaving: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| May we contact your previous supervisor for a reference? | YES | NO |  |

## Additional Information Needed

|  |  |  |
| --- | --- | --- |
| Were you born in Florida? | YES | NO |

|  |  |  |
| --- | --- | --- |
| Have you ever lived in another State? | YES | NO |

|  |  |
| --- | --- |
| If yes, How many other States: |  |

|  |  |
| --- | --- |
| Please list all States: |  |

|  |  |  |
| --- | --- | --- |
| Do you have a current Level 2 Background Screening? | YES | NO |

|  |  |  |  |
| --- | --- | --- | --- |
| Have you ever been convicted of a felony? | YES | NO |  |

|  |  |
| --- | --- |
| If yes, explain: |  |

|  |  |  |
| --- | --- | --- |
| Have you ever been involved with in a child abuse/neglect action or investigation? | YES | NO |

|  |  |
| --- | --- |
| If yes, explain: |  |

## Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |