



CONFIDENTIAL EMPLOYMENT APPLICATION

Name: _____ Social Security No. _____
Last First MI

Address _____
Street City State Zip

Phone - home: _____ cell: _____

E-mail _____

Are you at least 18 yrs. of age? yes no U.S. Citizen? yes no

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

Employment Desired

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

Current status

Are you currently employed? yes no May we contact your present employer? yes no
 Company Name: _____ Position: _____
 Phone: _____
 Do you currently have relatives employed at SCEIC? yes no
 If 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 School | | | |
| 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 who are not related to you that we can call as a reference and their phone numbers.

| 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.

SIGNATURE _____ DATE _____