



Employment Application

Applicant's Name (Please Print): _____ SSN: _____

Address: _____ Home Phone: _____

City: _____ State _____ Zip Code: _____ Cell Phone: _____

Email: _____

How long have you lived at this address? _____ (If less than five years, please provide previous address.)

Previous Address: _____

City: _____ State _____ Zip Code: _____

Emergency Contact Information

Who should we contact in case of an emergency? _____

Contact Numbers: _____

What type of position are you seeking?

- | | |
|---|--|
| <input type="checkbox"/> Part-Time | <input type="checkbox"/> Lead Teacher |
| <input type="checkbox"/> Full-Time | <input type="checkbox"/> Assistant Teacher |
| <input type="checkbox"/> Temporary/Seasonal | <input type="checkbox"/> Aide |

What days/hours can you work?

Monday from _____ to _____ Wednesday from _____ to _____ Friday from _____ to _____

Tuesday from _____ to _____ Thursday from _____ to _____

Please explain any restrictions on your time: _____

Date you can start: _____ Salary Desired: _____

What ages are you interested in working with? _____

Do you speak more than one language? (Please describe) _____

Do you have any allergies? _____

Do you have any restrictions on lifting? _____

Are you eligible to work in the U.S.? YES NO

If no, are you eligible to be employed under a work permit or green card? YES NO

If yes, indicate work permit or green card number:

Work Permit _____ Green Card _____ Expiration Date _____

Have you worked in a child care center/school? YES NO If yes, how long? _____

Ages of children of experience: _____

Have you completed the required training hours by DCF? YES NO

Do you have any of the following certifications?

CDA First Aid CPR NECC Director Credential FCCPC Staff Credential

Education *(Must provide copy of all certification(s))*

Name of High School: _____ Dates Attended: _____

Address: _____ City: _____ State: _____ Zip _____

Highest Grade Level Obtained: _____

Do you have a High School Diploma or GED? YES NO

Name of College: _____ Dates Attended: _____

Address: _____ City: _____ State: _____ Zip _____

Highest Grade Level Obtained: _____

Did you graduate? YES NO Degree and Major: _____

College Course Work Completed (College Credits): _____

List courses or relevant training (Early Childhood classes, etc.): _____

List other skills: _____

Employment History

(List below all present and past employment, in chronological order, you have held during the previous five years.)

Employer _____ Position _____

Start Date _____ End Date _____ Salary _____

Address _____

Supervisor's Name & Telephone _____

Describe Duties/Responsibilities: _____

Why did you leave this position? _____

May we contact your present employer? YES NO

Employer _____ Position _____

Start Date _____ End Date _____ Salary _____

Address _____

Supervisor's Name & Telephone _____

Describe Duties/Responsibilities: _____

Why did you leave this position? _____

May we contact your present employer? YES NO

Employer _____ Position _____
Start Date _____ End Date _____ Salary _____
Address _____
Supervisor's Name &
Telephone _____
Describe Duties/Responsibilities: _____

Why did you leave this position? _____
May we contact your present employer? YES NO

Professional References — at least 2

Name _____ Years known _____
Contact Number _____ City/State of Residence _____
Has this person observed you with children? YES NO
In what capacity does this person know you? _____

Name _____ Years known _____
Contact Number _____ City/State of Residence _____
Has this person observed you with children? YES NO
In what capacity does this person know you? _____

Personal Reference — at least 1 (non-relatives only)

Name _____ Years known _____
Contact Number _____ City/State of Residence _____
Has this person observed you with children? YES NO
In what capacity does this person know you? _____

Criminal Offences

YES NO I have pled guilty, no contest or been convicted of a criminal offense.

If YES, please explain:

YES NO I have been the subject of an indictment, arrest or an official criminal complaint.

If YES, please explain:

AUTHORIZATION FOR BACKGROUND CHECK

Please read and sign this form in the space provided below. Your written authorization is necessary for completion of the application process. I, _____, hereby authorize LELC to investigate my background and qualifications for purposes of evaluating whether I am qualified for the position for which I am applying. I understand that LELC will utilize an outside firm or firms to assist in checking such information, and I specifically authorize such an investigation by information services and outside entities of the company's choice. I also understand that I may

withhold my permission and that in such case, no investigation will be done, and my application for employment will not be processed further.

Signature of Applicant

Date

Applicant's Name Printed

Additional Information

Have you ever worked for Little Explorers Learning Center (LELC) before? YES NO

How did you hear about our center? _____

Why are you interested in working at LELC? _____

Have you ever held a child care license with the Department of Children & Families or been registered to provide child care in your home? YES NO

If yes, please list where and when the license(s) was held and what type of program the license(s) was for: _____

Please answer the following questions:

What does a typical toddler/preschool classroom look like? _____

Tell me about a time where you had two students who had a disagreement. How did you handle that conflict? _____

What was your attendance record like at your previous jobs? _____

What do you feel most qualifies you for this position? _____

What are your professional goals? _____

As an applicant to work in a child care facility, I understand that I must submit fingerprints and a local law check within 5 days of my employment and failure to do so could result in immediate dismissal. I also understand that I must enroll and begin the 40-hour training within 90 days of employment unless I can produce verification that I have already attended this training.

I hereby affirm that I have responded to all inquiries on this form fully and truthfully, and all the information contained in my application is true and correct. I understand that any misrepresentation or falsification on any of the Little Explorers Learning Center Application forms or documents may result in immediate dismissal from employment. I further consent and agree to submit to any job related medical exams, alcohol or drug tests that might be required and agree to provide any information that may be needed to facilitate such tests.

Signature of Applicant

Applicant's Name Printed

Date

Office Use Only

4069 Bayshore Drive • Naples, FL 34112 • 239-231-3530

Date Received: _____	Attempted Contact: _____
Interview Date: _____	Hire Date: _____
Declined Date: _____	Declined Reason: _____
Position: _____	Start Date: _____