

Employment Application

Applicant's Name (Plea	ase Print):				SSN:		
Current Address:				F	Iome Pho	one:	
City:							
Email:							
How long have you live	ed at this add	lress?	(If less than f	īve years, plea	se provide	previous add	ress.)
Previous Address:							
City:	_State	Zip Code:					
How long have you live	ed at this add	lress?	(If less t	han five years	s, please pro	vide previou	s address.)
Previous Address:							
Emergency Contact	Informatio	on					
Who should we contac	t in case of a	n emergency? _					
Contact Numbers:							
What type of position a	are you seeki	ng?					
□ Part-Time			ad Teacher				
□ Full-Time	1	□ Ass □ Aid	sistant Teac	her			
□ Temporary/Seasona			le				
At what location are yo	u seeking a p	position for?					
□ South Naples (<i>Baysł</i>	ıore Drive)	□ Eas	st Naples (C	uter Drive))		
Our hours of operation hours of operation?			p.m., Mono	lay to Frida	y. Are you	ı able to w	ork during our
(If no, please indicate	below what l	hours and days	s you are at	vailable to ı	vork)		
Monday from	_to	Wednesday	from	to	_ Friday	from	to
Tuesday from	_to	Thursday	from	to	_		
Please explain any rest							
Date you can start:				sired:			
What ages are you inte	rested in wo	rking with?					
Do you speak more tha	n one langua	age? (Please de	scribe)				
	5						

Do you have any allergies? (Please describe)

	······································	to follow this	policy? \Box YES \Box NO
We require that our staff members keep all including working with hazard chemicals s	l areas of our center clean such as bleach? □ YES □	n and safe. Are 1 NO	you able to do light cleaning,
Have you worked in a childcare center/sch	nool? \square YES \square NO	If yes, how le	ong?
Ages of children of experience:			
Have you completed the required training	hours by DCF? □ YES □	NO	
Do you have any of the following certification	ions? □ None	9	
□ CDA □ First Aid □ CPR □ NECC	C □ Director Credentia	I □ FCCPC	□ Staff Credential
Are you eligible to work in the U.S.? □ YE	S □NO		
If no, are you eligible to be employed unde	er a work permit or green	card? \square YES	□ NO
If yes, indicate work permit or green card i	number:		
Work PermitGreen G	Card	_Expiration D	ate
Education (<i>Must provide copy of all cer</i> Name of High School:	rtifications)	Attended	
Name of High School:	Dates		
Education (Must provide copy of all cer Name of High School: Address: Highest Grade Level Obtained:	DatesDates _	State:	
Name of High School:Address:	Dates City:	State:	
Name of High School:Address: Highest Grade Level Obtained:	Dates City: CD? YES NO	State:	Zip
Name of High School:Address: Highest Grade Level Obtained: Do you have a High School Diploma or GE	Dates City: CD? YES NO	State: tes Attended: _	Zip
Name of High School:Address: Highest Grade Level Obtained: Do you have a High School Diploma or GE Name of College:	Dates	State: tes Attended: State:	Zip
Name of High School:Address: Highest Grade Level Obtained: Do you have a High School Diploma or GE Name of College: Address:	Dates . City: CD? □ YES □ NO Da Da	State: tes Attended: State:	Zip
Name of High School:Address: Highest Grade Level Obtained: Do you have a High School Diploma or GE Name of College: Address: Highest Grade Level Obtained:	Dates . City:Dates . CD? □ YES □ NO Da Da Da Da Da Da Da Da Da Da Da Da Da Da Da Da Da Da Da Da Da Da Da Da Da Da Da Da Da Da Da Da Da Da 	State: tes Attended: State:	Zip Zip
Name of High School:Address: Highest Grade Level Obtained: Do you have a High School Diploma or GE Name of College: Address: Highest Grade Level Obtained: Did you graduate? \Box YES \Box NO Degree	Dates . City:Dates . CD? □ YES □ NO Da Da Da Da Da Da Da Da Da Da Da Da Da Da Da Da Da Da Da Da Da Da Da Da Da Da Da Da Da Da Da Da Da Da Da Da Da Da Da Da Da Da Da Da Da 	State: tes Attended: _ State:	Zip Zip

Employment History

List below all present and past employment, in chronological order, you have held during the previous five years which at a minimum must include the last three jobs. Please note that all employment history listed will be verified. Attach Additional Sheets If Necessary.

Place of Employment:			
Address:		City:	State:
Dates of Employment From:	To:		
Position Held:	Salary:		
Supervisor's Name:	Phone:		
Describe Duties/Responsibilities:			
Why did you leave this position?			
May we contact this employer? \square YES	\square NO		
Place of Employment:			
Address:		City:	State:
Dates of Employment From:	To:		
Position Held:	Salary:		
Supervisor's Name:	Phone:		
Describe Duties/Responsibilities:			
Why did you leave this position?			
May we contact this employer? \square YES	□NO		
Place of Employment:			
Address:		City:	State:
Dates of Employment From:	To:		
Position Held:	Salary:		
Supervisor's Name:	Phone:		
Describe Duties/Responsibilities:			
Why did you leave this position?			
May we contact this 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?

Has this person ol	Years known: City/State of Residence: bserved you with children? □ YES □ NO loes this person know you?	
Name: Contact Number: Has this person ol	ence – at least 1 (non-relatives only) Years known: City/State of Residence: bserved you with children? □ YES □ NO loes this person know you?	
Criminal Offen □ YES □ NO	ces I have pled guilty, no contest or been convicted of a criminal offense.	

Τf	VES	please	explain:	
TT	ILO,	picase	слріані.	_

 \square YES \square 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

(Please print full name) 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
applicant if he or she has every worked in a fac subject of a disciplinary action or been fined w action, the employer shall review the nature of Have you ever worked in a facility	nat the application for a childcard cility that has had a license denie while employed in a childcare faci f the denial, suspension, revocation that has had a license de	e personnel position contain a question that specifically asks the ed, revoked, or suspended in any state or jurisdiction or has been the lity. The applicant admits that he or she has been a party in such on, disciplinary action, or fine before the applicant is hired. enied, revoked or suspended in any state or
Jurisdiction or been the subject of a	a disciplinary action or t	been fined while employed in a childcare facility?
If yes, please explain (attach additional sh		
Signatura		Date
Signature		Date

Additional QuestionsHave you ever worked for Little Explorers Learning Center before?□ YES □ NO
How did you hear about our center?
Why are you interested in working at Little Explorers Learning Center?
Have you ever held a childcare license with the Florida Department of Children & Families or been registered to provide childcare 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:
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 childcare facility, I understand that I must submit fingerprints and a local and out of state law check within the first day of my employment and failure to do so could result in immediate dismissal. I also understand that I must enroll and begin the 45-hours 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

LITTLE EXPLORERS LEARNING CENTER IS COMMITTED AND FIRMLY BELIEVES IN PROVIDING EQUAL OPPORTUNITY AND OPENS ITS FACILITIES TO EVERY QUALIFIED PERSON. IN ALL PRACTICES, WE ARE COMMITTED TO PROHIBITING DISCRIMINATION ON THE BASIS OF RACE, COLOR, CREED, NATIONAL ORIGIN, SEX, AGE, SEXUAL ORIENTAION, MILITARY STATUS, MARITAL STATUS AND DISABILITY WHICH AFFECT EMPLOYEES AND APPLICANTS FOR EMPLOYMENT. LITTLE EXPLORERS LEARNING CENTER'S EQUAL EMPLOYMENT OPPORTUNITY POLICY REQUIRES THE COMMITMENT OF MANAGEMENT AND EMPLOYEES TO PARTICIPATE IN AND ACTIVELY SUPPORT THESE EFFORTS. EMPLOYEES SHOULD BRING ANY QUESTIONS THEY HAVE IN REGARD TO DISCRIMINATION AT WORK TO THE ATTENTION OF THE DIRECTOR.

Attempted Contact:	
Hire Date:	
Declined Reason:	
Start Date:	
	Hire Date: Declined Reason: