



Employment Application

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

Current 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: _____

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

Previous Address: _____

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 |

At what location are you seeking a position for?

- | | |
|---|---|
| <input type="checkbox"/> South Naples (<i>Bayshore Drive</i>) | <input type="checkbox"/> East Naples (<i>Outer Drive</i>) |
|---|---|

Our hours of operation are from 7:30 a.m. to 5:30 p.m., Monday to Friday. Are you able to work during our hours of operation? YES NO

(If no, please indicate below what hours and days you are available to 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? (Please describe) _____

Do you have any restrictions on lifting? (Please describe)

We have a NO CELLPHONE policy in our classrooms. Are you able to follow this policy? YES NO

We require that our staff members keep all areas of our center clean and safe. Are you able to do light cleaning, including working with hazard chemicals such as bleach? YES NO

Have you worked in a childcare 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? None

CDA First Aid CPR NECC Director Credential FCCPC Staff Credential

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 _____

Education (*Must provide copy of all certifications*)

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 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? 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

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? _____

Additional Questions

Have 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.

Office Use Only

Date Received: _____ Attempted Contact: _____

Interview Date: _____ Hire Date: _____

Declined Date: _____ Declined Reason: _____

Position: _____ Start Date: _____