

Creative School Age Child Care, Inc.

Application for Employment

(850) 479-7814 - Option 4 for Employment

Email completed application to jobs@csacc.com

PLEASE PRINT

Equal access to programs, services, and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/interview process should notify a representative of the Human Resources Department.

Position(s) applied for			Date of application		
Name					
	Last	First		MI	
Address					
	Street (Include apt #)	City	Stat	te Zip	
Telephone#		Email			

Have you ever worked in a facility that has had a license denied, revoked, or suspended in any state or jurisdiction; or has been the subject of a disciplinary action; or been fined while employed in a child care facility? *(Circle One)* Yes or No If yes, please attach additional documentation to explain.

Have you ever been convicted of a felony or pled "No Contest" to a felony charge?

If yes, please explain:	
	If so, can it be used in your work? Yes No
Do you have a valid Florida Driver's license Yes	No Do you have CDL? Yes No
What Class & Endorsements if CDL?	

Educational Background

List last three schools attended, number of years completed, degree or diploma earned, and Major field of study

	# OF YRS.		GRADUATE?	
SCHOOL	COMPLETED	DEGREE/DIPLOMA	Yes or No	MAJOR
High School				
Community College				
University				
Business or Trade School				
Extra Space				
If you did not graduate from High School, Do you have a national CDA certificate?		quivalency (GED) Certificat		
Do you have your DCF forty-hour (40) ch	nildcare certificate?	? (Transcript is required) Y	es No	



Employment History

Provide the following information for your past employers within the last 5 years and present employers, assignments, or volunteer activities starting with the most recent (use additional space provided if necessary). Explain any gaps in employment in the comments section below.

EMPLOYER	TELEPI	HONE	LENGTH EMP	H OF TIME LOYED	SUMMARIZE THE TYPE OF WORK PERFORMED AND RESPONSIBILITIES
ADDRESS					
JOB TITLE	RATE/SALARY STARTING		RATE/SALARY FINAL		
IMMEDIATE SUPERVISOR & TITLE	\$	\$ PER		PER	
REASON FOR LEAVING					

EMPLOYER	TELEPI	IONE	LENGTH OF TIME EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND RESPONSIBILITIES
ADDRESS					
JOB TITLE	RATE/SALARY STARTING		RATE/SALARY FINAL		
IMMEDIATE SUPERVISOR & TITLE	\$ PER		\$	PER	
REASON FOR LEAVING					

EMPLOYER	TELEPH	IONE	LENGTH EMPI	OF TIME OYED	SUMMARIZE THE TYPE OF WORK PERFORMED AND RESPONSIBILITIES
ADDRESS					
JOB TITLE	RATE/SALARY STARTING		RATE/SALARY FINAL		
IMMEDIATE SUPERVISOR & TITLE	\$ PER		\$	PER	
REASON FOR LEAVING					

EMPLOYER	TELEPHONE		LENGTH OF TIME EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND RESPONSIBILITIES
ADDRESS					
JOB TITLE	RATE/SALARY STARTING		RATE/SALARY FINAL		
IMMEDIATE SUPERVISOR & TITLE	\$ PER		\$	PER	
REASON FOR LEAVING					



COMMENTS

SKILLS & QUALIFICATIONS (Summarize any special training, skills, licenses, and/or certifications that may qualify you as being able to perform job-related functions in the position(s) for which you are applying.

What personal qualities do you possess that will help you fulfill the position for which you are applying?

List any additional information you would like us to consider.

References - List name and telephone number of three business/work references who are not related to you and are not previous supervisors

NAME	TELEPHONE	YEARS KNOWN

Are you a current or former Creative School Age Child Care parent, student, or employee? Y

Yes	No	

Additional Space (please indicate which section and/or question you are referring to)

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's service, whenever it is discovered.

I give the employer the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering, and using such information and all other persons, corporations or organizations for furnishing such information.

The employer does not unlawfully discriminate in employment and no question or this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state, or federal law.

If I am hired, I understand that I am free to resign at any time, with or without cause and the employer reserves the same right to terminate my employment at any time, with or without cause except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. Resignation must be submitted in accordance with the agency's personnel policies and procedures.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reassurance accommodation as required by the ADA.

I also understand that if I am hired, I will be required to provide proof of identify and legal work authorization within three (3) days.

I understand that the condition of my employment is subject to a level 2 background screening.

I further understand that this company is a **DRUG FREE WORKPLACE** and if selected for employment, I must submit to a drug test prior to being employed and during employment.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Employment applications are the property of the agency.

Signature	of Applicant
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Date

HOW DID YOU HEAR ABOUT US?

Indeed	
Job Fair	
CSACC Flyer	
Handshake	

CareerBuilder.com
CSACC Employee
Facebook
Other (Please list)



9510 Chandler Street Pensacola, FL 32534 (850) 479-7814 or (850) 479-2119 fax

RELEASE TO CONTACT CURRENT/PREVIOUS EMPLOYER(S)

I, ______, give Creative School Age Child Care, Inc. APPLICANT PRINTED NAME permission to contact my current/previous employer(s) to conduct an employee history check. I understand that to work in child care, Florida Administrative Code: 65C-22.008 School Age Child Care, requires my employers references be checked for the last five years.

Applicant Signature

Date