

# **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,<br>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<br>EMP        | H OF TIME<br>LOYED | SUMMARIZE THE TYPE OF WORK PERFORMED<br>AND RESPONSIBILITIES |
|------------------------------|-------------------------|--------|----------------------|--------------------|--|
| ADDRESS                      |                         |        |                      |                    |  |
|                              |                         |        |                      |                    |  |
| JOB TITLE                    | RATE/SALARY<br>STARTING |        | RATE/SALARY<br>FINAL |                    |  |
|                              |                         |        |                      |                    |  |
| IMMEDIATE SUPERVISOR & TITLE | \$                      | \$ PER |                      | PER                |  |
|                              |                         |        |                      |                    |  |
| REASON FOR LEAVING           |                         |        |                      |                    |  |
|                              |                         |        |                      |                    |  |

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

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

| EMPLOYER                     | TELEPHONE               |  | LENGTH OF TIME<br>EMPLOYED |     | SUMMARIZE THE TYPE OF WORK PERFORMED<br>AND RESPONSIBILITIES |
|------------------------------|-------------------------|--|----------------------------|-----|--|
| ADDRESS                      |                         |  |                            |     |  |
|                              |                         |  |                            |     |  |
| JOB TITLE                    | RATE/SALARY<br>STARTING |  | RATE/SALARY<br>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 |
|-----------|--------------|
|-----------|--------------|

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