

# Creative School Age Child Care, Inc.

# **Application for Employment**

#### 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	State	Zip			
Phone#		Email					
Have you ever worked in a facility that has subject of a disciplinary action; or been fir If yes, please attach additional documentation.  Have you ever been convicted of a felony	ed while employe n to explain.	d in a child care facility?					
Trave you ever been convicted of a felony	of pied. No Conte	est to a felolity charge:					
If yes, please explain:							
Do you own a vehicle? Yes No	If so,	can it be used in your wo	ork? Yes No	<u></u>			
Do you have a valid Florida Driver's licer	se Yes No	Do you have	e CDL? Yes N	0			
What Class & Endorsements if CDL?							
Educational Background							
List last three schools attended, number of	f years completed,	degree or diploma earne	ed, date of graduation,	and Major field of study			
SCHOOL	# OF YRS. COMPLETED	DEGREE/DIPLOMA	GRADUATE? Yes or No	MAJOR			
High School							
Community College							
University							
Business or Trade School							
Extra Space							



## **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.

the comments section below.					
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			<u> </u>		
EMPLOYER	TELEPHONE		LENGTH OF TIME EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED
ADDRESS					AND RESPONSIBILITIES
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					
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ADDRESS					
JOB TITLE	RATE/SALARY STARTING		RATE/SALARY FINAL		
IMMEDIATE SUPERVISOR & TITLE	\$ STA	PER	\$	PER	
REASON FOR LEAVING					



I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancelation 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 background screening.

Employment applications are the property of the agency.

Pensacola News Journal

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.

Signature of Applicant

Date

### HOW DID YOU HEAR ABOUT THIS OPENING? PLEASE MARK BELOW:

CareerBuilder.com

Pensacolajobs.com		CSACC Employee	=
CSACC Flyer		CSACC FaceBook Page	=
CSACC Website	_	JasonsQuest	
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,, APPLICANT PRINTED NAME	give	Creative	School	Age	Child	Care,	Inc.
permission to contact my current/previous emp	ployer(	(s) to cond	uct an e	mploy	ee histo	ory chec	ck. I
understand that to work in child care, Florid	la Adn	ninistrative	e Code:	65C-2	22.008	School	Age
Child Care, requires my employers references l	be che	cked for th	e last fiv	e year	·s.		
Applicant Signature		Dat	e				