

EMPLOYMENT APPLICATION

The Early Learning Coalition of Southwest Florida Inc. is an Equal employment Opportunity Employer. All applications for employment are considered without regard to race, religion, sex, national origin, age, family status, veteran status, disability, or any other legally protected status. **Failure to complete this application in its entirety will result in this application not being processed.** This application will remain on file for 30 days.

PERSONAL INFORMATION						
Full Name						
Address						
City	State Zip Code					
Phone Email Address						
Are You 18 Years of Age or Older?						
Were You Previously Er	nployed by Us? 🗌 YES 🔄 NO lf yes, dates a	nd location:				
Are You Eligible to Work in the United States? YES NO (Proof of identity and eligibility will be required)						
Do you have Friend (s) or Relatives Employed by Us: YES NO						
If Yes, Name(s) and Rel	• • • •					
	ilty or No Contest to a Crime, Had Adjudication W			rred,		
•	rs and Traffic Violations, or Have Any Criminal Ch	arges Pendin	g? 🔄 YES	L NO		
If Yes, Please Give Date	s and Details of Each:					
EMPLOYMENT DESIRED						
Position Applied For: Date You Can Start:						
Salary Required: How Did Hear About This Job?						
Currently Employed: YES NO If Required, Can You Work Overtime? YES NO						
Are There Days You Cannot Work? YES NO If Yes, select: M T W T H F Sa Su						
EDUCATION						
School Level	Name & Location of School	No. of Years Attended	Did You Graduate	Study/Major		
High School						
College or Vocational						
College or Vocational						

MILITARY SERVICE							
Were You in the Armed Forces	s? 🗌 YES 🗌 NO If Ye	s, What Bran	nch?				
Date of Duty: From: To: Rank at Discharge?							
List Additional Skills, Certifications, Special Training in the Service:							
EMPLOYMENT HISTORY (List below the last three employers, starting with most recent. Do not enter 'SEE RESUME'.) Employer Name Phone Number							
Address	City		State	Zip Code			
Job Title		Su	ipervisor Name				
Brief Job Description		I					
Period of Employment	Salary May We Contact This Employer						
From: Month Year	Starting Salary:						
To: Month Year	Ending Salary:	Yes, Immed	diately 🔄 Yes,	At a Later Date Do Not Contact			
Reason for Leaving							
Employer Name				Phone Number			
Address	City		State	Zip Code			
Job Title		Su	ipervisor Name				
Brief Job Description							
		May We Contact This Employer					
From: Month Year	Starting Salary:						
To: Month Year	Ending Salary:	Yes, Immec	diately 🔛 Yes,	At a Later Date Do Not Contact			
Reason for Leaving							
Employer Name				Phone Number			
Address	City		State	Zip Code			
Job Title		Suj	pervisor Name				
Brief Job Description							
Period of Employment	Salary	May We Contact	t This Employer				
From: Month Year	Starting Salary:						
To:MonthYear	Ending Salary:	Yes, Immediately Yes, At a Later Date Do Not Contact					
Reason for Leaving							

REFERENCES (List 3 references not related to you whom you have known at least one year and have worked with.)						
Name	Business	Address	Phone	Years Known		

ACKNOWLEDGMENT & AGREEMENT

I certify that all statements given on this application are true and correct to the best of my knowledge. I agree that any false statements, misrepresentations, or omissions of the fact during the hiring process may be ground for denial of employment or if hired before discovery, my employment may be subject to termination.

I understand that if I am hired, my employment will be for no definite period, regardless of the period of payment of my wages. I further understand that I have the right to terminate my employment at will at any time with or without notice or reason, and the Coalition has the same right.

I understand that the Coalition reserves the right to require me to submit to a drug test at any time and also reserves the right to require me to submit to an alcohol test and/or medical examination to the extent permitted by I certify that I have received a written notification that the Coalition may obtain a consumer report or reports law. on me. I authorize this Coalition to obtain such a report or reports for use in connection with my application for employment and for other employment-related reasons. If hired, this authorization shall remain on file and serve as ongoing authorization for procurement of employment-related consumer reports at any time during my I understand that the term "consumer report" includes, but is not limited to, credit checks, criminal employment. background checks, Department of Motor Vehicle reports, and investigative consumer reports. I authorize the Coalition to conduct electronic inquiry related to my background, including review of all social networking sites and Internet sites and to make adverse decisions as a result of such inquiries. I further understand that the term "investigative consumer report" means a report in which information on my character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with my neighbors, friends, or associates, or with others with whom I am acquainted or who may have knowledge concerning any such items of information.

I understand that the Early Learning Coalition of Southwest Florida, Inc may contact my previous employers, unless otherwise statute, and I authorize employers to disclose all records and other information pertinent to my employment and release them form liabilities that may result in such disclosures

I authorize, without reservation, any party or agency contacted by this employer to furnish the above-mentioned information.

Signature: _____ Date: _____