



# 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?  YES  NO

Were You Previously Employed by Us?  YES  NO If yes, dates and 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 Relationship (s): \_\_\_\_\_

Have You Ever Pled Guilty or No Contest to a Crime, Had Adjudication Withheld, Prosecution Deferred, Excluding Misdemeanors and Traffic Violations, or Have Any Criminal Charges Pending?  YES  NO

If Yes, Please Give Dates 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  Th  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?  YES  NO If Yes, What Branch? \_\_\_\_\_

Date of Duty: From: \_\_\_\_\_ To: \_\_\_\_\_ Rank at Discharge? \_\_\_\_\_

List Additional Skills, Certifications, Special Training in the Service:

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**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		Supervisor Name
Brief Job Description		
Period of Employment <b>From:</b> _____ Month _____ Year <b>To:</b> _____ Month _____ Year	Salary <b>Starting Salary:</b> _____ <b>Ending Salary:</b> _____	May We Contact This Employer <input type="checkbox"/> Yes, Immediately <input type="checkbox"/> Yes, At a Later Date <input type="checkbox"/> Do Not Contact
Reason for Leaving		

Employer Name		Phone Number
Address		City State Zip Code
Job Title		Supervisor Name
Brief Job Description		
Period of Employment <b>From:</b> _____ Month _____ Year <b>To:</b> _____ Month _____ Year	Salary <b>Starting Salary:</b> _____ <b>Ending Salary:</b> _____	May We Contact This Employer <input type="checkbox"/> Yes, Immediately <input type="checkbox"/> Yes, At a Later Date <input type="checkbox"/> Do Not Contact
Reason for Leaving		

Employer Name		Phone Number
Address		City State Zip Code
Job Title		Supervisor Name
Brief Job Description		
Period of Employment <b>From:</b> _____ Month _____ Year <b>To:</b> _____ Month _____ Year	Salary <b>Starting Salary:</b> _____ <b>Ending Salary:</b> _____	May We Contact This Employer <input type="checkbox"/> Yes, Immediately <input type="checkbox"/> Yes, At a Later Date <input type="checkbox"/> Do Not Contact
Reason for Leaving		

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

**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 law. I certify that I have received a written notification that the Coalition may obtain a consumer report or reports 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 employment. I understand that the term "consumer report" includes, but is not limited to, credit checks, criminal 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 from 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: \_\_\_\_\_