



APPLICATION FOR EMPLOYMENT

The Early Learning Coalition of Southwest Florida is an Equal Opportunity Employer. We comply with the Americans with Disabilities Act of 1990. During the interview process, you may be asked questions concerning your ability to perform job-related functions. We adhere to a policy of making employment decisions without regard to race, age, color, sex, religion, national original, citizenship status, disability, Veteran’s status, political affiliation, or marital status. We assure you that your opportunity for employment with this company depends solely upon your qualifications. Please type or print in ink.

PERSONAL INFORMATION

Name

Address

City **State** **Zip Code**

Phone **Email**

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 legally eligible to work in the United States? Yes No

(Proof of identity and eligibility will be required upon employment)

Do you have friend(s) or relative(s) working here? Yes No

If yes, name(s) and relationship(s)

*Have you ever pled guilty or “no contest” to a crime, been convicted of 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:

**A conviction will not necessarily bar you from employment*

EMPLOYMENT DESIRED

Position applied for: Date you can start:

Work available for: Full-time Part-time Temporary

Salary required: Referred by:

Currently employed? Yes No If yes, can we contact your present employer? Yes No

If required, can your work overtime? Yes No

What days are you not available to work? M T W Th F Sa Su

Please list any additional information that relates to your ability to perform the job for which you have applied, such as special training, machine operations, hobbies, languages, certifications etc.

EDUCATION

School Level	School Name & Location	Years Completed	Did You Graduate	Study or Major
High School				
College or Vocational				
Other				

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

ACKNOWLEDGEMENT AND AGREEMENT

I HEREBY CERTIFY that all of the information that I have provide in this application is true and accurate.

- 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 Organization has the same right. No one other than the President of the Organization has authority to modify this relationship or make any agreement to the contrary. Any such modification or agreement must be in writing.
- I understand that the Organization 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 further understand that the Organization may contact my previous employers and I authorize those employers to disclose to the Organization all records and other information pertinent to my employment with them. I release my previous employers from any liability as a result of their disclosure of information about me to the Organization. I also authorize the Organization to provide truthful information concerning my employment with it to my future prospective employers and I agree to hold it harmless for providing such information.
- I further understand that if employed I will be on a 90-day introductory period, and that termination for unsatisfactory performance during that period will not result in any Organization responsibility for unemployment benefits. I further understand that completion of the introductory period does not confer any expectation of continued employment, and that if employed; my employment will be for no definite period and will be “at-will.”
- By signing this application, I certify that all of the information that I provide on this application and in any interview will be true, complete and accurate. I understand that if I am employed and any such information is later found to be false or misleading in any respect, I will be dismissed.
- 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.”

Signature:

Date: