

Application for Employment Early Education and Care, Inc.

450 Jenks Avenue γ Panama City, FL 32401 γ (850) 872-7550 or Fax (850) 769-1066

(PLEASE PRINT)

Name: _____
Last First Middle

Date: _____ Social Security Number: _____

Positions Applying For: _____

How did you hear about this position?

- | | | |
|---|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> EEC Website | <input type="checkbox"/> Walk-in |
| <input type="checkbox"/> State Workforce Center | | <input type="checkbox"/> Job Fair |
| <input type="checkbox"/> Employee Referral / Name _____ | | <input type="checkbox"/> Friend |
| <input type="checkbox"/> Other _____ | | |

Thank you for your interest in applying for employment with Early Education and Care, Inc.

You may include a resume with your employment application. However, you must complete all sections of the employment application in order to be considered for employment with Early Education and Care, Inc.

Early Education and Care, Inc. is an equal employment opportunity employer. We adhere to our policy of making employment decisions without regard to race, color, religion, sex, national origin, citizenship, age or disability. We assure you that your opportunity for employment with Early Education and Care, Inc. depends solely on your qualifications.

Early Education and Care, Inc. is a drug-free work place in compliance with the Florida Drug Free Workforce standards. All prospective employees shall be required to submit to a urinalysis test. The results of such tests are held strictly confidential and will be used only to determine hiring eligibility with our agency.

~~~~~**For HR Use Only**~~~~~

|                             |                  |                                                                     |
|-----------------------------|------------------|---------------------------------------------------------------------|
| AN <input type="checkbox"/> | Hire Date _____  | Rate of Pay _____                                                   |
| II <input type="checkbox"/> | Position _____   | Per _____                                                           |
| SI <input type="checkbox"/> | Location _____   | Exempt <input type="checkbox"/> Non-exempt <input type="checkbox"/> |
| RL <input type="checkbox"/> | Supervisor _____ | PCA Date _____                                                      |

# Application for Employment Early Education and Care, Inc.

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We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

**(PLEASE PRINT)**

|           |            |        |
|-----------|------------|--------|
| Last Name | First Name | Middle |
|-----------|------------|--------|

|                               |                                               |
|-------------------------------|-----------------------------------------------|
| Social Security Number<br>— — | On what date would you be available for work? |
|-------------------------------|-----------------------------------------------|

|                     |
|---------------------|
| Telephone Number(s) |
|---------------------|

|                |      |       |          |
|----------------|------|-------|----------|
| Street Address | City | State | Zip Code |
|----------------|------|-------|----------|

Are you 18 years of age or older?  Yes  No

Have you ever filed an application or been employed with us before?  Yes  No

If so, when? \_\_\_\_\_

Are you currently employed?  Yes  No

Can we contact your current employer for a reference at this time?  Yes  No

Are you lawfully able to become employed in this country?  Yes  No

(Proof of citizenship or immigration will be required upon employment.)

Can you travel overnight if a job requires it?  Yes  No

Have you been convicted of a felony within the last 7 years?  Yes  No

(Conviction will not necessarily disqualify an applicant from employment.)

If yes, please explain:

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**EOE/M/F/H/V**

# Education and Training

|                       | Name & Address of School | Course of Study | Number of Years Completed | Diploma/Degree Proof |
|-----------------------|--------------------------|-----------------|---------------------------|----------------------|
| Elementary School     |                          |                 |                           |                      |
| High School           |                          |                 |                           |                      |
| Undergraduate College |                          |                 |                           |                      |
| Graduate Professional |                          |                 |                           |                      |
| Other (Specify)       |                          |                 |                           |                      |

| Indicate any foreign languages you can speak, read and/or write. |        |      |      |
|------------------------------------------------------------------|--------|------|------|
| Language Spoken                                                  | FLUENT | GOOD | FAIR |
|                                                                  |        |      |      |
|                                                                  |        |      |      |

|                                                                                            |
|--------------------------------------------------------------------------------------------|
| Describe any specialized training, apprenticeship, skills and extra-curricular activities. |
|                                                                                            |
|                                                                                            |
|                                                                                            |
|                                                                                            |
|                                                                                            |

Describe any job-related training received in the United States Military.

## Employment Experience

**This facility conducts employment history checks on its applicants.** Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, marital status, disabilities or any other protected status.

Dates Employed  
From: \_\_\_\_\_ To: \_\_\_\_\_ Employer: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Address: \_\_\_\_\_  
Starting Salary: \_\_\_\_\_  
Ending Salary: \_\_\_\_\_ Telephone: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Dates Employed  
From: \_\_\_\_\_ To: \_\_\_\_\_ Employer: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Address: \_\_\_\_\_  
Starting Salary: \_\_\_\_\_  
Ending Salary: \_\_\_\_\_ Telephone: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Dates Employed  
From: \_\_\_\_\_ To: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Address: \_\_\_\_\_  
Starting Salary: \_\_\_\_\_  
Ending Salary: \_\_\_\_\_ Telephone: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Dates Employed  
From: \_\_\_\_\_ To: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Address: \_\_\_\_\_

|                                                                   |
|-------------------------------------------------------------------|
| Starting Salary: _____                                            |
| Ending Salary: _____ Telephone: _____ Immediate Supervisor: _____ |
| Reason for Leaving: _____                                         |

If you need additional space, please use a separate sheet of paper.

# Additional Information

## **Other Qualifications**

Summarize special job-related skills and qualifications acquired from employment or other experience.

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## **Specialized Skills**

## **Check Skills/Equipment Operated**

Microsoft Windows    Microsoft Word    Excel    Access    Outlook  
 Fax Machine    Calculator    Typing   WPM \_\_\_\_\_

Other computer experience

State any additional information you feel may be helpful to us in considering your application.

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Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied?

A description of the activities involved in such a job is attached.   Yes   No

## **Personal References – Please list all available phone numbers**

1. \_\_\_\_\_  
Name # Years Known

\_\_\_\_\_  
Phone Numbers

2. \_\_\_\_\_  
Name # Years Known

\_\_\_\_\_  
Phone Numbers

3. \_\_\_\_\_  
Name # Years Known

\_\_\_\_\_  
Phone Numbers

## Conflict of Interest

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In order to ensure compliance with our conflict of interest/nepotism personnel policy, please answer the following question:

Do you have any relative who works at Early Education and Care, Inc., and if so, what are their names?

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## Applicant Statement and Release of Information

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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 this facility, whenever it is discovered.

I give full consent 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 this facility and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information.

This facility does not unlawfully discriminate in employment and no question on 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.

This application is current for only 45 days. After this period of time, if I am still interested in employment with this facility, I understand that I must complete a new application.

I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an “*at will*” nature, which means that the employee may resign at any time and this facility may discharge the employee at any time with or without cause. It is further understood that this “*at will*” employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized employee of this facility.

I also understand that I am required to abide by all rules and regulations of the facility if I am accepted for employment.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**MY PERSONAL PHILOSOPHY**

Please write your philosophy of early care and education and your desire to be employed in a capacity affecting the lives of young children and their families in the space provided below:



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Have you completed the Department of Children and Families Trainings:

20 Hour "Introduction to Child Care" \_\_\_\_\_ Yes \_\_\_\_\_ No

10 Hour "Behavioral Observation and Screening" \_\_\_\_\_ Yes \_\_\_\_\_ No

10 Hour "Developmentally Appropriate" module \_\_\_\_\_ Yes \_\_\_\_\_ No

### **APPLICANT'S AGREEMENT AND CERTIFICATION**

I certify that the information given by me in and in connection with this application is true and complete in all respects, and I agree that if employed and it is found to be false or incomplete in any way, at any time, I may then be subject to dismissal without notice. I authorize the use of any information in this application to enable **Early Education and Care, Inc.** to verify my statements, and I authorize past employers, all references and any other persons to answer all questions asked by **Early Education and Care, Inc.** concerning my ability and employment record. I release all such entities from any liability and damages on account of having furnished such information, and I release **Early Education and Care, Inc.** from any liability and damages arising out of its use of and/or reliance on such information.

#### **I ALSO UNDERSTAND AND AGREE THAT:**

**1. Employment At Will:**

(a) This application is not an offer of employment and nothing contained in this application, any employee handbook, policy manual, or other **Early Education and Care, Inc.** correspondence or document, or in granting an interview is intended to create a

contract between **Early Education and Care, Inc.** and me for either employment or the provision of any benefit;

(b) No promises regarding employment have been made to me, and I understand that no such promises are binding on **Early Education and Care, Inc.** unless made in writing and signed by its director, and no manager, supervisor or representative of **Early Education and Care, Inc.** except for the director, has the authority to enter into any agreement for employment for any specified period of time or to make any agreement contract to the foregoing;

(c) If employed, I understand and agree that my employment is “*at will*” and for no definite period, and that, regardless of the time and manner of payment of my wages or salary, my employment and compensation may be terminated at any time, at the option of either **Early Education and Care, Inc.** or myself, with or without cause and/or with our without any previous notice;

(d) I further understand that any offer of employment is conditioned on my being able to perform the essential functions of the position desired with any appropriate reasonable accommodation.

**2. Drug Free Workplace:**

I understand that **Early Education and Care, Inc.** intends to maintain a drug free workplace for the health and safety of its employees and others, in accordance with federal and/or state laws. To this end, I voluntarily consent and agree to participate in and cooperate with this program to the extent requested by **Early Education and Care, Inc.** to undergo and successfully complete testing for alcohol and controlled substances as a condition for initial employment with **Early Education and Care, Inc.** and if employed, whenever requested by **Early Education and Care, Inc.**

**I have read and fully understand the above Agreement and Certification and agree to its terms.**

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**