

Baby House
3502 Easter Stanley Road
Tallahassee, Florida 32308



Preschool
3519 Easter Stanley Court
Tallahassee, Florida 32308

P: (850) 921-KIDS(5437) ~ F: (850) 921-4734

APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, disability, or veteran status.

Center/Program to which you are applying: _____

PERSONAL INFORMATION

Last Name	First Name	Middle Name	Date
Street Address			
City		State	Zip
Email Address:			Home Phone (Include area code)
Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No			Social Security Number
If yes: Month / Year _____ Location _____			
Position desired			Salary Requirements
Apart of absence for religious observance, are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No What hours can you work? _____			Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you at least 16 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you "legally eligible" for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			Date you can start:
If "NO," please explain:			
Other special training or skills (languages, machine operation, etc.)			

EDUCATION

School	Name & Location of School	Course of Study	Years Completed	Did you Graduate?	Degree or Diploma
High School					
Business/ Trade/ Technical					
College					
Graduate					

FORMER EMPLOYERS*(Please list at least 5 years of employment in chronological order, beginning with most recent employer)*

Place of Employment	Phone Number (Include Area Code):
Address	Dates of Employment From: _____ / _____ Month / Year
City: _____ State: _____ Zip Code: _____	To: _____ / _____ Month / Year
Name of Supervisor	Weekly Salary/Wage: Starting: _____
Phone Number: _____ Email: _____	Ending: _____
Position Held:	Reason for Leaving:

TLP Administrative Employment VerificationEmployment Dates Verified YES NO If No, reason: _____Level of Job Performance: Satisfactory UnsatisfactoryWould you rehire: YES NO If No, reason: _____

Additional Comments: _____

Dates & Times verification attempted: _____

Name & Title of person contacted: _____

Name & Title of TLP Staff completing verification: _____

Place of Employment	Phone Number (Include Area Code):
Address	Dates of Employment From: _____ / _____ Month / Year
City: _____ State: _____ Zip Code: _____	To: _____ / _____ Month / Year
Name of Supervisor	Weekly Salary/Wage: Starting: _____
Phone Number: _____ Email: _____	Ending: _____
Position Held:	Reason for Leaving:

TLP Administrative Employment VerificationEmployment Dates Verified YES NO If No, reason: _____Level of Job Performance: Satisfactory UnsatisfactoryWould you rehire: YES NO If No, reason: _____

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Name & Title of person contacted: _____

Name & Title of TLP Staff completing verification: _____

Place of Employment	Phone Number (Include Area Code):
Address	Dates of Employment From: _____ / _____ Month / Year
City: _____ State: _____ Zip Code: _____	To: _____ / _____ Month / Year
Name of Supervisor	Weekly Salary/Wage: Starting: _____
Phone Number: _____ Email: _____	Ending: _____
Position Held:	Reason for Leaving:

TLP Administrative Employment Verification

Employment Dates Verified YES NO If No, reason: _____

Level of Job Performance: Satisfactory Unsatisfactory

Would you rehire: YES NO If No, reason: _____

Additional Comments: _____

Dates & Times verification attempted: _____

Name & Title of person contacted: _____

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Place of Employment	Phone Number (Include Area Code):
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City: _____ State: _____ Zip Code: _____	To: _____ / _____ Month / Year
Name of Supervisor	Weekly Salary/Wage: Starting: _____
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Position Held:	Reason for Leaving:

TLP Administrative Employment Verification

Employment Dates Verified YES NO If No, reason: _____

Level of Job Performance: Satisfactory Unsatisfactory

Would you rehire: YES NO If No, reason: _____

Additional Comments: _____

Dates & Times verification attempted: _____

Name & Title of person contacted: _____

Name & Title of TLP Staff completing verification: _____

NOTE: If you need more space to include at least 5 years of past employment, please request another form.

REFERENCES

(List names and phone numbers.)

Professional / Employment References

- 1. _____
- 2. _____

Personal References

- 1. _____
- 2. _____

MILITARY

Did you serve in the U.S. Armed Forces? Yes No

If "Yes", in what Branch? _____

TRAINING

Please check each of the following childcare courses you have completed:

Part I

- Child Care Facility Rules and Regulations
- Health, Safety, and Nutrition
- Identifying and Reporting Child Abuse and Neglect
- Child Growth and Development
- Behavioral Observation and Screening

Prior to August 1, 2006, the Introduction to Child Care (20 hour) and Behavioral Observation and Screening (10 hour) certificates satisfied this requirement. Due to the **curriculum redesign**, completion of all five Part 1 courses may result in training that totals less than 30 hours but it will be accepted as meeting the mandated training requirements.

Part II

- Understanding Developmentally Appropriate Practices (5 hours)
- Infant and Toddler Appropriate Practices (5 hours)
- Pre-School Appropriate Practices (5 hours)
- School-Age Appropriate Practices (5 hours)
- Special Needs Appropriate Practices (10 hours)
- Early Literacy for Children Age Birth to Three (5 hours)
- Basic Guidance and Discipline (5 hours)
- Early Childhood Computer Learning Centers (5 hours), or
- Emergent Literacy for Voluntary Pre-Kindergarten (VPK) Instructors (5 hours)

It is recommended that child care facility personnel attend training in the specialized area in which they work; however, they may attend any or all of the courses. It is also recommended that these specialized training areas be taken to meet the 10-clock-hours in-service training requirement to be completed between July 1 and June 30 each year.

Describe any training received relevant to the position for which you are applying other than the above listed courses.

MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATIONS

(Exclude those that may disclose your race, color, religion or national origin)

BACKGROUND INFORMATION

Have you ever been convicted of a felony or a first degree misdemeanor? Yes No

If "Yes," what charges? _____

Where? _____ Date: _____

Have you ever pled nolo contendere or pled guilty to a crime which is a felony or first degree misdemeanor?

Yes No

If "Yes," what charges? _____

Where? _____ Date: _____

Have you ever had adjudication withheld for a crime which is a felony or a first degree misdemeanor?

Yes No

If "Yes," what charges? _____

Where? _____ Date: _____

Please Note: A "Yes" answer to these questions will not necessarily bar you from employment. The nature, severity and date of offense in relation to the position for which you are applying are considered.

Have you ever worked for a child care facility that has had a license denied, revoked, or suspended in any state or jurisdiction? Yes No

Have you been the subject of disciplinary action or been fined while employed in a child care facility?

Yes No

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 Learning Pavilion. has the same right. No one other than the Director of The Learning Pavilion 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 Learning Pavilion 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 Learning Pavilion may contact my previous employers and I authorize those employers to disclose to The Learning Pavilion 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 Learning Pavilion. I also authorize The Learning Pavilion 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 The Learning Pavilion 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 "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 Learning Pavilion may obtain a consumer report or reports on me. I authorize The Learning Pavilion 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 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 of Applicant

Date