CHILD CARE
of Southwest Florida, Inc.

APPLICATION FOR EMPLOYMENT
An Equal Opportunity Employer
(Valid for only 60 days)

Please answer all questions. Resumes are not accepted in lieu of completion of this application.
Note: This application was designed to use with several types of job positions. Some questions may not be completely applicable to the job position you are seeking; however, we ask that you answer all questions.

Last Name (Please Print) _____ First _____ Middle _____ Social Security Number _____ Date _____

Present Address: Street _____ City/State _____ Zip Code _____ Telephone Number _____

Only U.S. citizens or aliens who have a legal right to work in the U.S. are eligible for employment. Can you, upon employment, submit documentation verifying your legal right to work in the U.S. and your identity? ☐ Yes ☐ No

Have you ever been convicted of any crime? ☐ Yes ☐ No Have you ever had adjudication withheld for any crime? ☐ Yes ☐ No If **Yes** to either question as to crimes, give details as to the type of crime, the date of conviction, and the penalty imposed. (Attach separate paper if necessary.) A conviction will not necessarily disqualify you from employment.

Are you over 18 years of age? ☐ Yes ☐ No Position applying for: _____

EDUCATIONAL DATA

School	Print Name, Number and Street, City, State and Zip Code for each School	No. of Yrs. Completed	Degree	Major Course of Study
High School				
College				
Graduate School				
Trade, Bus., Night, or Corres.				
Other				

Other skills: List any other job-related skills or qualifications that support your application.

Honors Received: _____

In order to check your work and educational records, should we be made aware of any change of name or assumed name that you previously used? ☐ Yes ☐ No If **Yes**, identify names and relevant dates.

Have you had prior educational experience which relates to the job for which you are applying? ☐ Yes ☐ No
If **Yes**, describe:

Are you a veteran of the U.S. Military Service? ☐ Yes ☐ No If **Yes**, what branch of Service?:

If **Yes**, beginning date and ending date of active duty: From: _____ (Yr./Mo.) To: _____ (Yr./Mo.)

Date of Discharge from Military Service: _____

EMPLOYMENT EXPERIENCE

ALL FORMER JOBS (List most recent job first.) Account for all time periods including **unemployment, self-employment** and **military service**. (Attach separate papper(s), if necessary.)

Employer	Dates Employed (From/To)	Immediate Supervisor
Address		
Job Title	Hourly Rate/Salary (Starting/Final)	Telephone No. ( )
Work Performed		
Reason for Leaving		

Employer	Dates Employed (From/To)	Immediate Supervisor
Address		
Job Title	Hourly Rate/Salary (Starting/Final)	Telephone No. ( )
Work Performed		
Reason for Leaving		

Employer	Dates Employed (From/To)	Immediate Supervisor
Address		
Job Title	Hourly Rate/Salary (Starting/Final)	Telephone No. ( )
Work Performed		
Reason for Leaving		

Employer	Dates Employed (From/To)	Immediate Supervisor
Address		
Job Title	Hourly Rate/Salary (Starting/Final)	Telephone No. ( )
Work Performed		
Reason for Leaving		

Have you ever been known by any other name? ☐ Yes ☐ No If **Yes**, provide name(s).

Have you ever been dismissed or forced to resign from any employment? Yes No If **Yes**, please explain.

_____

Have you ever been disciplined or fired for insubordination? ☐ Yes ☐ No If **Yes**, please explain.

_____

Have you ever been disciplined or discharged for violating a safety rule? ☐ Yes ☐ No If **Yes**, please explain.

_____

Have you ever been disciplined or fired for fighting, assult or similar offense? ☐ Yes ☐ No If **Yes**, please explain.

_____

Have you ever been sued for an intentional tort (such as fraud, assult, battery, etc.)? ☐ Yes ☐ No If **Yes**, please explain nature of the tort or suit and the disposition of the action. (Attach separate paper if necessary.) _____

IN CASE OF EMERGENCY, NOTIFY:

_____

Name Phone Number Relationship

_____

Address City/State

Do you have transportation to work? ☐ Yes ☐ No Will you work overtime if asked?. ☐ Yes ☐ No
Are there any hours, shifts or days you will not work? ☐ Yes ☐ No If **Yes**, explain:

_____

Do you have any friends or relatives who work here? ☐ Yes ☐ No

Name _____ Relationship _____

Name _____ Relationship _____

Spouse _____

Name Address Where Employed

Are you now employed? ☐ Yes ☐ No Are you on a layoff? ☐ Yes ☐ No Are you subject to recall? ☐ Yes ☐ No

May we contact your present Employer? ☐ Yes ☐ No Previous Employers? ☐ Yes ☐ No

Please identify any exceptions and reasons for not contacting prior employers: _____

_____

CHARACTER REFERENCES

List three persons **not related to** you, whom you have known at least one year.

NAME ADDRESS AND TELEPHONE OCCUPATION

1. _____
2. _____
3. _____

List below any other information or remarks that you wish to have considered as a part of your application for employment.

_____

_____

Have you filed an application here before? ☐ Yes ☐ No If **Yes**, give date: _____

Have you ever been employed here before? ☐ Yes ☐ No If **Yes**, give dates: _____

NOTICE TO APPLICANTS: This employer complies with the American with Disabilities Act of 1990. During the interview process, you may be asked questions concerning your ability to perform job-related functions. If you are given a conditional offer of employment, you may be required to complete a post-job offer medical history questionnaire and/or undergo a medical examination. If required, all entering employees in the same job category will be subject to the same medical questionnaire and/or examination and all information will be kept confidential and in separate files.

APPLICANTS STATEMENT

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize the investigation of all matters contained in this application and hereby give the Employer permission to contact schools, previous employers, references, and others, and hereby release the Employer from liability as a result of such contact. I understand that misrepresentations, omissions of facts or incomplete information provided in this application may remove me from further consideration for employment. In addition, if employed, any misrepresentations or omissions of facts in this application will be cause for dismissal at any time without previous notice.

Applicants accepted for employment should clearly understand that while we make every effort to provide steady, continuous work, we have no employment contracts, and we cannot guarantee the permanence of any position. Job tenure can be affected by many factors including business/econimic conditions, changes in laws or Employer policies, conformity to our work rules, job performance, etc. And of course, employees may elect to leave on their own accord to seek other jobs.

I understand that my employment with Employer is for no specific term and may be terminated by me or the Employer with or without notice or cause at any time. I further understand that no oral promise, Employer policy, custom, business practice or other procedure (including the Emplyer's Personnel Handbook or any personnel manuals) constitutes an employment contract or modification of the at-will employment relationship between me and the Employer.

The contents of any employee handbook and personnel manuals, as well as other Employer policies and practices, are subject to change or modification by the Employer, solely at its discretion, without notice. I also understand that no supervisor or other official of the Employer (except its Chief Executive Officer, in writing) has the authority to enter into any agreement with me or to make any agreement contrary to the foregoing.

We conduct our business with the highest possible degree of safety and efficiency. Because of this, the Employer may require applicants for employment to undergo blood and/or urinalysis screening for drug or alcohol use as part of our pre-placement physical examination. In addition, all employees of the Employer are subject to blood test or urinalysis screening for drug or alcohol use.

This application will remain active for sixty (60) days. Any applicant wishing to be considered for employment beyond sixty (60) days should reapply.

Email _____

Signature _____ Date _____

This Employer is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, age, sex, religion, national origin, disability or marital status. We assure you that your opportunity for employment with this Employer depends solely upon you qualifications.