

Early Learning Coalition of Florida's Heartland, Inc.

An Equal Opportunity Employer

Employees of the ELCFH and applicants for employment will be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, marital status, genetic information, veteran status, gender and gender identity/ expression, pregnancy, age or any other characteristic protected by federal, state or local laws.

Application for Employment

Date _____

1. Position applied for _____ 2. County _____

3. Full legal name _____
Last First Middle

4. Social Security No. _____ 5. Home Phone (____) _____
(Note: Social Security No. is optional at this time. It will be required upon employment)

6. Cell Phone _____ E-mail _____ Business Phone _____

7. Address _____
Address City State Zip

8. EDUCATION

- a. Check highest grade completed ☐9 ☐10 ☐11 ☐12
- b. If you did not complete high school, do you have a high school equivalency diploma? ☐ Yes ☐ No
- c. Check number of years of education past high school ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7

Name and location of institution(s) of higher education attended beyond high school.

Name and Location of Institution(s)	Hrs Earned or Degree Received	Major/Specialty	Minor

- d. If you expect to complete an educational program in the near future, please indicate what type of degree or program and expected completion date: _____

NOTE: Previous to hiring, all educational documentation mentioned above must be submitted.

9. SCREENING

- a. For purposes of compliance with the Immigration Reform and Control Act, are you legally eligible for employment in the United States? ☐ Yes ☐ No. Under the Immigration Reform and Control Act of 1986, you will be required to fill out a certification verifying that you are eligible to be employed and verifying your identity. Further, you will be required to provide documentation to that effect should you be employed.
- b. Have you ever pled guilty or "no contest" to a felony, been convicted of a felony, had adjudication withheld, prosecution deferred or do you have any criminal charges pending? ☐ Yes ☐ No
- c. If you answered yes to 9 b, please explain. _____

NOTE: The ELCFH is a drug free workplace. As a condition of your employment you will need to complete and pass a background and drug screening.

10. MISCELLANEOUS

- a. Are you willing to do occasional travel during work hours? ☐ Yes ☐ No
- b. Are you willing to occasionally attend workshops/conferences which may require overnight stay? ☐ Yes ☐ No

11. When will you be available to start work? _____

12. **EXPERIENCE (Start with the most recent work experience)** Include ALL paid, military and voluntary experiences. In area for “duties”, highlight your knowledge, skills and abilities which best demonstrate your qualifications for this position. You may list significantly different jobs within the same organizations as separate items.

a. **Employer** _____ Department _____
Address _____
Phone _____ Type of business _____
Immediate Supervisor _____ Your title _____
Duties _____

Number of employees you supervised _____
Dates (mo/yr) _____ to (mo/yr) _____ Reason for leaving _____
Full time _____ Part time _____ Hours/wk _____ Your name if different from present _____

May we contact? ☐ Yes ☐ No

b. **Employer** _____ Department _____
Address _____
Phone _____ Type of business _____
Immediate Supervisor _____ Your title _____
Duties _____

Number of employees you supervised _____
Dates (mo/yr) _____ to (mo/yr) _____ Reason for leaving _____
Full time _____ Part time _____ Hours/wk _____ Your name if different from present _____

May we contact? ☐ Yes ☐ No

c. **Employer** _____ Department _____
Address _____
Phone _____ Type of business _____
Immediate Supervisor _____ Your title _____
Duties _____

Number of employees you supervised _____
Dates (mo/yr) _____ to (mo/yr) _____ Reason for leaving _____
Full time _____ Part time _____ Hours/wk _____ Your name if different from present _____

May we contact? ☐ Yes ☐ No

d. **Employer** _____ Department _____
Address _____
Phone _____ Type of business _____
Immediate Supervisor _____ Your title _____
Duties _____

Number of employees you supervised _____
Dates (mo/yr) _____ to (mo/yr) _____ Reason for leaving _____
Full time _____ Part time _____ Hours/wk _____ Your name if different from present _____

May we contact? ☐ Yes ☐ No

e. **Employer** _____ Department _____
Address _____
Phone _____ Type of business _____
Immediate Supervisor _____ Your title _____
Duties _____

Number of employees you supervised _____
Dates (mo/yr) _____ to (mo/yr) _____ Reason for leaving _____
Full time _____ Part time _____ Hours/wk _____ Your name if different from present _____

May we contact? ☐ Yes ☐ No

13. Use this space for any additional information you think would help us evaluate your application, including training, seminars, workshops, special achievements, skills, ability to read/write another language, etc.

14. **PROFESSIONAL REFERENCES**

List names, addresses and relationships of three persons not related to you who know your professional qualifications.

Name	Address	Phone	Relationship

15. **CERTIFICATION** *(Requires current date and original signature)*

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 understand that if hired, I will be an at-will employee. I will be subject to dismissal or discipline without notice or cause, at the discretion of the ELCFH. I also understand that this means I am free to quit my employment at any time, for any reason, without notice. I understand that no representative of the ELCFH, other than with the approval of the ELCFH Board of Directors, has authority to change the terms of an at-will employment and that any such change must be submitted in writing by an approved authority. I understand that the ELCFH may contact my previous employers and I authorize those employers to disclose to the ELCFH 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 ELCFH.

Applicant's Signature: _____

Date: _____

Print Name: _____

NOTE: Applications will be kept on file for up to one year.

WHEN HIRED

Original to HR ☐