



PO Box 38 – WEWAHITCHKA FL 32465 (850) 639-5080 FAX (850) 639-4173

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## EMPLOYMENT APPLICATION

Job Title of Position Applying for: \_\_\_\_\_

### PERSONAL DATA

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Are you eligible for employment in the U.S.A.? \_\_\_\_\_ Yes \_\_\_\_\_ No

Date available to begin employment: \_\_\_\_\_

Are you related to a current employee of North Florida Child Development, Inc.? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, provide the name of relative: \_\_\_\_\_

Are you related to a current Board or Policy Council member of NFCD, Inc.? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, provide the name of relative: \_\_\_\_\_

Are you a current parent of a child attending North Florida Child Development, Inc. \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you interested in \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Either Full or Part Time \_\_\_\_\_ On-call

How did you learn of this position's availability? \_\_\_\_\_ Newspaper \_\_\_\_\_ Internet \_\_\_\_\_ Staff \_\_\_\_\_ Other

### SPECIAL SKILLS

Driver's License \_\_\_\_\_ Yes \_\_\_\_\_ No

Other Licenses/Certifications:

\_\_\_\_\_

Foreign Language:

\_\_\_\_\_

Computer Programs/Versions:

\_\_\_\_\_

\_\_\_\_\_

Have you completed the  
Department of Children & Families Training:

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

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

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

EDUCATIONAL HISTORY

Name of Last High School Attended and City/State	Dates Attended	High School Diploma?	G.E.D.?
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Technical School Community College University	Dates Attended	Major(s)	Credit Hours Earned	Type of Degree Earned

PERSONAL REFERENCES

Please list at least three references whom have first-hand knowledge of your ability, character, and personality.

Name: _____ Relationship: _____  Address: _____ City: _____ State _____  Phone: (____) _____
Name: _____ Relationship: _____  Address: _____ City: _____ State _____  Phone: (____) _____
Name: _____ Relationship: _____  Address: _____ City: _____ State _____  Phone: (____) _____

EMPLOYMENT HISTORY

List below all present and past employment, in chronological order, of any jobs you have held during the previous 2 years or last three jobs.

<p>Place of Employment: _____</p> <p>Address: _____ City: _____ State _____</p> <p>Phone: (____) _____ Dates of Employment: To: _____ From: _____ Position Held: _____</p> <p>Supervisor's Name: _____ Phone: (____) _____</p> <p>Reason for Leaving: _____</p> <p>Describe Job Duties: _____</p> <p>_____</p>
<p>Place of Employment: _____</p> <p>Address: _____ City: _____ State _____</p> <p>Phone: (____) _____ Dates of Employment: To: _____ From: _____ Position Held: _____</p> <p>Supervisor's Name: _____ Phone: (____) _____</p> <p>Reason for Leaving: _____</p> <p>Describe Job Duties: _____</p> <p>_____</p>
<p>Place of Employment: _____</p> <p>Address: _____ City : _____ State _____</p> <p>Phone: (____) _____ Dates of Employment: To: _____ From: _____ Position Held: _____</p> <p>Supervisor's Name: _____ Phone: (____) _____</p> <p>Reason for Leaving: _____</p> <p>Describe Job Duties: _____</p> <p>_____</p>

VOLUNTEER EXPERIENCE and COMMUNITY ACTIVITIES

Name and Address of Organization:	Contact's Name and Telephone #:
Describe the activities you conducted:	
Total Time: ____ Years ____ Months	Dates of Time: To: _____ From: _____
Name and Address of Organization:	Contact's Name and Telephone #:
Describe the activities you conducted:	
Total Time: ____ Years ____ Months	Dates of Time: To: _____ From: _____

ADDITIONAL INFORMATION

Please provide any additional information you wish to include in your application.

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- I understand that documentation of employment eligibility for compliance with the U.S. Immigration Control and Reform Act is required at the time of hire.
- I understand that I am required to provide a tuberculin (TB) test results at the time of employment and bi-annually thereafter.
- I understand that I am required to provide results of a physical at time of employment and every year thereafter.
- I hereby give my consent to North Florida Child Development, Inc. to contact previous employers, unless otherwise noted on the application, for purposes of verification of employment and/or employment references.
- I understand that I am required to provide a local law enforcement background check at time of employment and every year thereafter.
- I understand that my being hired is contingent upon final approval by the Policy Council.
- I hereby certify that the facts set forth in the foregoing employment application are true and complete to the best of my knowledge.
- I understand, if I am employed, that falsified, incomplete, or misleading statements on this application will result in my dismissal.
- I understand that North Florida Child Development, Inc. is a drug free workplace.

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

\_\_\_\_\_  
Date