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

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.?
		☐ Yes ☐ No	☐ Yes ☐ 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.

Place of Employment: _____

Address: _____ City: _____State _____

Phone: (___)_____ Dates of Employment: To:_____ From:_____ Position Held: _____

Supervisor's Name:_____ Phone:(___)_____

Reason for Leaving: _____

_____

Describe Job Duties: _____

_____

Place of Employment: _____

Address: _____ City: _____State _____

Phone: (___)_____ Dates of Employment: To:_____ From:_____ Position Held: _____

Supervisor's Name:_____ Phone:(___)_____

Reason for Leaving: _____

_____

Describe Job Duties: _____

_____

Place of Employment: _____

Address: _____ City :_____State _____

Phone: (___)_____ Dates of Employment: To:_____ From:_____ Position Held: _____

Supervisor's Name:_____ Phone:(___)_____

Reason for Leaving: _____

_____

Describe Job Duties: _____

_____

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.

_____

_____

_____

- 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