



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.?
		<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.

- 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