

Steps to Complete Application

Please note: Resumes may be attached however your application will be voided if you put “see resume” in the employment section. Do not attach training certificates. Incomplete applications will be voided.

1. Please check small boxes on how you heard about us.
2. Complete first page. Double check to be sure you have checked the small boxes . Please list the hours you

are available to work. **If you have a criminal record, you may ask for a copy of the affidavit of good moral character. Being convicted of any of the offenses listed on the affidavit excludes you from working in childcare.**

1. When completing the second page, please list all employers in order, starting with current or most recent. Please pay special attention to list your employment dates, for example: 1/10/00 - present; or 1/10/00 - 8/9/00 Please indicate the reason(s) for leaving.
2. Please be sure that you have checked one of these boxes for each employer:

May we contact this reference? Yes No Later If no, please comment as to why. Failing to list professional references/employment history may result in termination if hired.

1. If there are any gaps in your employment, please list the time frame and reason.
2. Complete the third page. List three personal references and telephone numbers. *You must list all of your professional certificates here including your state required hours if applicable.*
3. Read thoroughly and complete last page. Check off pertinent’ sign, and date.
4. Voluntary Affirmative Action form can be filled out voluntarily.

**Please note:** Failure to complete every question of the application will result in either returning it back to you or voiding it. We can not add telephone numbers or any other information to your application for you. This is a legal and binding document.

*Please keep Pages 1 and 2 for your records.*

Hiring Agenda/Steps Please note: The entire hiring process can take up to three weeks.

1. Applicant completes application.

Ideally, management should review the application before the applicant departs.

1. Management reviews application.

3) Management completes reference checks. Based on the information given by past employers, we will determine if applicant is eligible for hire at Seminole Heights United Methodist Preschool. Positive or negative information will not exclude you from receiving an interview.

4) Management will call for an interview.

1. Management and applicant will conduct an interview: During interview, if applicant is interested in open positions, an appointment to complete an observation of the center will be made.
2. The observation will be completed by the applicant. Team approach to observation is discussed.
3. The information gathered from the application, interview, and observation will be compiled and a decision for hire will be made. If you have been selected for hire you will be notified by phone.
4. If you were not selected, a post card will be mailed and your application will be held for 90 days.
5. If you do not have the state required training of 45 hours you must enroll and attend the first class within 90 days of your hire date at SHUMPS. You will also be responsible to have current CPR/ First Aid.

# For more information in regards to the childcare profession including training and credential information please go to [www.myflorida.com/childcare](http://www.myflorida.com/childcare)

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**APPLICATION FOR EMPLOYMENT**

**PLEASE PRINT and complete**

**Position(s) applied for Date of Application / /**

**Referral Source**

□ **Advertisement (which one?)** □ **Employee** □ **Relative** □ **Government Employment Agency**

□ **Walk-in** □ **Private Employment Agency** □ **Other Name of source that referred (if applicable)**

Name

***First Middle Last***

Address

Street City State Zip Code

Telephone Number ( ) Telephone Number ( )

Social Security Number Email address :

Best time to call you is................................................................................................. am pm

If you are under 18, can you furnish a work permit?....................................................................... Yes No

Have you filed an application here before?...................................................................................... Yes No If yes, give date................................................................................................................................. / /

Have you been employed here before?............................................................................................. Yes No

If yes, give dates.....................................................................................From / / To / /

Are you legally eligible for employment in this country?................................................................. Yes No (Proof of U.S. Citizenship or immigration status will be required upon employment.)

Date available for work...................................................................................................................... / /

Type of employment desired Full Time Part Time Temporary

**When are you available to work? Please note: Hours of operation are 7am – 5:30pm.**

Will you work overtime if required?................................................................................................. Yes No

Have you been convicted of a felony in the last seven (7) years?..................................................... Yes No (Such conviction may be relevant if job related, but does not bar you from employment)

If yes, please explain:

Do you possess a valid Florida Driver’s license or Florida I.D.?..................................................... Yes N0

**Employment History- AN EQUAL OPPORTUNITY EMPLOYER**

List your last four (4) employers, assignments or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in the comments section below.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Employer | Dates EmployedFrom ( / / | ) To ( / | / | Summarize the nature of the work) performed & job responsibilities |
| Full Address | Telephone ( ) |  |  |  |

Job Title Starting Hourly Rate/Salary

 $ Per Immediate Supervisor & Title Final Hourly Rate/Salary

 $ Per Reason for Leaving

Later

Yes No

May we contact for reference?

Employer Dates Employed Summarize the nature of the work

 From ( / / ) To ( / / ) performed & job responsibilities Full Address Telephone

( )

Job Title Starting Hourly Rate/Salary

$ Per

Immediate Supervisor & Title Final Hourly Rate/Salary

$ Per

Reason for Leaving

Later

Yes No

May we contact for reference?

Employer Dates Employed Summarize the nature of the work

 From ( / / ) To ( / / ) performed & job responsibilities Full Address Telephone

( )

Job Title Starting Hourly Rate/Salary

$ Per

Immediate Supervisor & Title Final Hourly Rate/Salary

$ Per

Reason for Leaving

Later

Yes No

May we contact for reference?

Employer Dates Employed Summarize the nature of the work

 From ( / / ) To ( / / ) performed & job responsibilities Full Address Telephone

( )

Job Title Starting Hourly Rate/Salary

$ Per

Immediate Supervisor & Title Final Hourly Rate/Salary

$ Per

Reason for Leaving

Later

Yes No

May we contact for reference?

Comments (including explanation of any gaps in employment)

**Skills & Qualifications -** Summarize any special training, skills, licenses, certificates and/or characteristics of yourself that may qualify you as being able to perform job-related functions for the position for which you are applying.

**Educational Background** (if job related)

**A**. List last three (3) schools attended, starting with most recent. **B**. List number of years completed. **C**. Indicate diploma earned. **D**. Major field of study (if applicable)

 .

A. School B. Years C. Degree Completed D. Major E. Diploma

 received yes/no

 received yes/no

 received yes/no

 received yes/no

**\*Teacher positions require a CDA combined with Early Childhood Experience or Bachelors Degree from accredited College/University.**

1. Holds, at a minimum, a Child Development Associate (CDA) credential issued by the National Credentialing Program or a credential approved by the Department of Children and Families as being equivalent to or greater than the national credential AND who completes a 5-hour emergent literacy training course (or the Department of Children and Families' 5-hour training in early literacy and language development, if completed before April 1, 2005);
2. Holds one of the following educational credentials: A bachelor's or higher degree in early childhood education, prekindergarten or primary education, preschool education, or family and consumer science. A bachelor's or higher degree in elementary education, if the prekindergarten instructor has been certified to teach children any age from birth through 6th grade, regardless of whether the instructor's educator certificate is current. **Or**
3. An associate's or higher degree in child development. **Or**
4. An associate's or higher degree in an unrelated field, at least 6 credit hours in early childhood education or child development, and at least 480 hours of experience in teaching or providing child care services for children any age from birth through 8 years of age. **Or**
5. An educational credential approved by the Department of Education as being equivalent to or greater than an educational credential described above.

List any foreign language(s) you know and check the boxes that describe your skill level.

Language

|  |  |  |  |
| --- | --- | --- | --- |
| Speak Some | Speak Fluently | Read | Write |
| Speak Some | Speak Fluently | Read | Write |

**References**: List the name and telephone number of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references that are *not* related to you.

Name Address/Zip Code Telephone (area code) Years Known

( )

( )

( )

List any additional information you would like us to consider:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Specific Skilled Background: (if applicable for children infants through twelve years of age)**

 Ages and Stages Questionnaire

 Visually Impaired \_\_\_\_\_Hearing Impaired \_\_\_classroom observation

 Curriculum implementation Learning Disabilities

 Social and emotional delays Conferencing w/parents

 behavior disorders classroom/behavior management Other

**Are you currently certified in any of the following?**

□ CPR □ First Aid

**Please explain why you feel qualified for this position.**

# PLEASE CHECK THE BOXES BELOW AND INITIAL BY EACH

* I also agree to participate in 20 hours of annual training including, but not limited to: CPR, First Aid, (if not currently certified).
* It is understood and agreed upon that any misrepresentation by me on this application will be sufficient cause for cancellation of this application and/or separation from the employer’s service if employed.
* I give the employer the right to investigate all references and to secure additional information about me, if job-related. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.
* The employer is an Equal Opportunity Employer. The employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant’s consideration for employment on a basis prohibited by local, state or federal law.
* This application is current for 3 months. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.
* I understand that just as I am free to resign at any time, the employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the employer has the authority to make any assurances to the contrary.
* I understand it is this company’s policy not to refuse to hire a qualified individual with a disability because of this person’s need for an accommodation that would be required by the ADA.
* I understand this employer is a drug free workplace.
* **I understand that I will need to have my own transportation to perform this job.**
* **To my knowledge, I have never been convicted of a felony, misdemeanor or other**

 **criminal offense that would be revealed on a background check.**

* **If hired, I agree to have a comprehensive background check conducted on me.**

Signature of Applicant Date: / /