



Name: _____

Phone No: _____ Date: _____

Position Applying For: _____

How did you hear about this position? _____

Thank you for your interest in applying for employment with Early Learning Coalition of Northwest Florida, Inc.

In order to be considered for employment with Early Learning Coalition of Northwest Florida, Inc., you must complete the entire application form.

Early Learning Coalition of Northwest Florida, Inc. is an equal employment opportunity employer. We adhere to our policy of making employment decisions without regard to race, color, religion, sex, national origin, citizenship, age or disability. We assure you that your opportunity for employment with Early Learning Coalition of Northwest Florida, Inc. depends solely on your qualifications.

Early Learning Coalition of Northwest Florida, Inc. is a drug-free work place in compliance with the Florida Drug Free Workforce standards. All prospective employees shall be required to submit to a urinalysis test. The results of such tests are held strictly confidential and will be used only to determine hiring eligibility with our organization.

Hire Date: _____

Position: _____

Location: _____

Supervisor: _____

Rate of Pay: _____

Exempt: _____ Non Exempt: _____

**Application for Employment
with
Early Learning Coalition of Northwest Florida, Inc.**

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

Position Applying For: _____ Date you are be available for work? _____

How did you hear about our position announcement? _____

Last Name _____	First Name _____	Middle Name _____
Street Address _____	City _____	State _____
Zip Code _____		
Telephone Number(s) _____ or _____	Social Security Number _____	

Are you a WAGES participant? _____ Yes _____ No

If you are under 18 years of age, can you provide required proof of your eligibility to work? _____ Yes _____ No

Have you ever filed an application or been employed with us before? _____ Yes _____ No

Are you currently employed? _____ Yes _____ No

Can we contact your current employer for a reference at this time? _____ Yes _____ No

Are you prevented from lawfully becoming employed in the country because of Visa or Immigration Status? _____ Yes _____ No
(Proof of citizenship or immigration will be required upon employment.)

Can you travel if a job requires it? _____ Yes _____ No

Have you been convicted of a felony within the last 7 years? _____ Yes _____ No
(Conviction will not necessarily disqualify an applicant from employment.)

If Yes, please explain: _____

Education

	Name & Address Of School	Course of Study	No. of Years Completed	Diploma/Degree Proof
Elementary				
High School				
Undergraduate				
Graduate				
Other (Specify)				

Indicate any foreign languages you can speak, read and/or write.

Additional Information

Other Qualification

Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills

Check Skills/Equipment Operated

_____ Computer/PC

_____ Corel Office

_____ Microsoft Office

_____ Lotus 1-2-3

_____ Fax Machine

_____ Calculator

_____ Excel or Quattro Pro

_____ Typewriter

State any additional information you feel may be helpful to us in considering your application.

Employment Experience

This facility conducts employment history checks on its applicant. Start with your present or last job. Include any job-related military services assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Date Employed

From: _____ To: _____ Employer: _____

Job Title: _____ Address: _____

Starting Salary: _____ Ending Salary: _____

Telephone: _____ Immediate Supervisor: _____

Reason for leaving: _____

Date Employed

From: _____ To: _____ Employer: _____

Job Title: _____ Address: _____

Starting Salary: _____ Ending Salary: _____

Telephone: _____ Immediate Supervisor: _____

Reason for leaving: _____

Date Employed

From: _____ To: _____ Employer: _____

Job Title: _____ Address: _____

Starting Salary: _____ Ending Salary: _____

Telephone: _____ Immediate Supervisor: _____

Reason for leaving: _____

In order to ensure compliance with our conflict of interest/nepotism personnel policy, please answer the following question:

Do you have any immediate relative who works at Early Learning Coalition of Northwest Florida, Inc., and if so, what are their names? _____

Application statement and release of information

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from this facility, whenever it is discovered.

I give full consent the right to contact and obtain information from all references, employers, education institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability this facility and its representatives for seeking, gathering and using such information and all other person, corporations or organizations for furnishing such information.

This facility does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state or federal law.

This application is current for only 45 days. After this period of time, if I am still interested in employment with this facility, I understand that I must complete a new application.

I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and this facility may discharge the employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized employee of this facility.

I also understand that I am required to abide by all rules and regulations of the facility if I am accepted for employment.

Signature of Applicant

Date

MY PERSONAL PHILOSOPHY

Please write your philosophy of early care and education and your desire to be employed in a capacity affecting the lives of young children and their families in the space provided below:

APPLICANT'S AGREEMENT AND CERTIFICATION

I certify that the information given by me in and in connection with this application is true and complete in all respects, and I agree that if employed and it is found to be false or incomplete in any way, at any time, I may then be subject to dismissal without notice. I authorize the use of any information in this application to enable Early Learning Coalition of Northwest Florida, Inc. to verify my statements, and I authorize past employers, all references and any other persons to answer all questions asked by Early Learning Coalition of Northwest Florida, Inc. concerning my ability and employment record. I release all such entities from any liability and damages on account of having furnished such information, and I release Early Learning Coalition of Northwest Florida, Inc. from any liability and damages arising out of its use of and/or reliance on such information.

I ALSO UNDERSTAND AND AGREE THAT:

Employment At Will:

a. This application is not an offer of employment and nothing contained in this applicant, any employee handbook, policy manual, or other Early Learning Coalition of Northwest Florida, Inc. correspondence or document, or in granting an interview is intended to create a contract between Early Learning Coalition of Northwest Florida, Inc. and me for either employment or the provision of any benefit;

b. No promises regarding employment have been made to me, and I understand that no such promises are binding on Early Learning Coalition of Northwest Florida, Inc. unless made in writing and signed by its director, and no manager, supervisor or representative of Early Learning Coalition of Northwest Florida, Inc. except the director, has the authority to enter into any agreement for employment for any specified period of time or to make any agreement contract to the foregoing.

c. If employed, I understand and agree that my employment is "at will" and for no definite period, and that, regardless of the time and manner of payment of my wages or salary my employment and compensation may be terminated any time at the option of either Early Learning Coalition of Northwest Florida, Inc. or myself, with or without cause and/or with or without any previous notice.

d. I further understand that any offer of employment is conditioned on my being able to perform the essential functions of the position desired with any appropriate reasonable accommodation.

Drug Free Workplace:

I understand that Early Learning Coalition of Northwest Florida, Inc. intends to maintain a drug free workplace for the health and safety of its employees and others, in accordance with federal and/or state laws. To this end, I voluntarily consent and agree to participate in and cooperate with this program to the extent requested by Early Learning Coalition of Northwest Florida, Inc. to undergo and successfully complete testing for alcohol and controlled substances as a condition for initial employment with

Early Learning Coalition of Northwest Florida, Inc. and if employed, whenever requested by Early Learning Coalition of Northwest Florida, Inc.

Background Investigation & Release:

I authorized Early Learning Coalition of Northwest Florida, Inc. to conduct or have conducted a thorough investigation concerning myself and my background, including a criminal background investigation. I further understand that I have a continuing duty to immediately disclose to Early Learning Coalition of Northwest Florida, Inc. any and all criminal charges and convictions as requested in this application that pertain to me both prior to and subsequent to my initial criminal background investigation at any time during my employment with Early Learning Coalition of Northwest Florida, Inc. I authorize all past employers, investigative agencies, bureaus, law enforcement agencies, and any other persons or governmental authorities to supply any information specified or requested in this application concerning myself and my background. I release all such persons from any liability or damages on account of having furnished such information, and I release Early Learning Coalition of Northwest Florida, Inc. from any liability or damages arising out of its obtaining, or out of its use of and reliance of such information. Upon termination of employment, Early Learning Coalition of Northwest Florida, Inc. may answer all questions asked by a prospective employer concerning my ability and employment record, and I release Early Learning Coalition of Northwest Florida, Inc. from any liability or damages arising out of its response to any such questions.

I have read and fully understand the above Agreement and Certification and agree to its terms.

Applicant Signature

Date