



An Equal Opportunity Employer A DRUG FREE WORKPLACE

Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Home Phone #: (_____) Other: (_____)
 Email address: _____

Employment Information:

List your last three (3) places of employment, including military service. If you were employed under a different name, please provide that name:_____. Explain any gaps in employment on the back of the second page of this application. If you have had more than four (4) employers in the past five (5) years, ask for an additional form.

Dates of Employment:

From: _____ To: _____
 Employer: _____ Supervisor: _____
 Email Address & fax: _____
 Address: _____ Zip Code: _____
 Phone #: (_____) Position Held / Salary: _____
 Duties: _____
 May we contact for reference? Yes _____ No _____ If No, why? _____

Dates of Employment:

From: _____ To: _____
 Employer: _____ Supervisor: _____
 Email Address & fax: _____
 Address: _____ Zip Code: _____
 Phone #: (_____) Position Held / Salary: _____
 Duties: _____
 May we contact for reference? Yes _____ No _____ If No, why? _____

Dates of Employment:

From: _____ To: _____
 Employer: _____ Supervisor: _____
 Email Address & fax: _____
 Address: _____ Zip Code: _____
 Phone #: (_____) Position Held / Salary: _____
 Duties: _____
 May we contact for reference? Yes _____ No _____ If No, why? _____

Have you previously worked for this company? Yes _____ No _____
 Dates - From: _____ To: _____
 Do you have relatives or friends presently working for this company? Yes _____ No _____
 Explain: _____
 Are you 18 years or older? Yes _____ No _____
If not, employment is subject to verification that you are of legal minimum age and can furnish a work permit.

DRIVER'S LICENSE

A driving record check is required for some positions:

License No.: _____ State: _____ Expires: _____

JOB INTEREST

Position Desired: _____

Full Time? _____ Part Time? _____ Salary Desired: \$ _____

EDUCATION

	WHERE	CERTIFICATE / DEGREE	DATE
High School			
(2) Year College			
(4) Year College			
Certificates			
Certificates			

EMERGENCY NOTIFICATION

Name: _____

Address: _____

Phone #: (_____) _____ Business #: (_____) _____

REFERENCES - Include persons other than relatives and current employees.

Name: _____ Occupation: _____

Years Known: _____ Day Phone #: (_____) _____

Email Address: _____

Name: _____ Occupation: _____

Years Known: _____ Day Phone #: (_____) _____

Email Address: _____

Name: _____ Occupation: _____

Years Known: _____ Day Phone #: (_____) _____

Email Address: _____

PERSONAL BACKGROUND

Are you legally able to work in the United States? Yes _____ No _____

Have you ever been convicted of a crime? Yes _____ No _____

If YES, please list type of charge(s); date of conviction and penalty imposed.

(A criminal record will not necessarily bar you from employment with Children First.) Chapter 435 of the Florida State Statutes requires Children First to do a background check on all employees.

APPLICANT'S STATEMENT

I hereby consent to Children First verifying all of the information I have provided on this application form, including education, training and employment data.

If employed, I also agree to abide by the rules and regulations, policies and procedures of Children First.

I understand that any false answers or statements, or misrepresentation by omission, made by me on this application or any related document, will be sufficient for rejection of my application or for my immediate discharge should such falsifications or misrepresentations be discovered after I am employed.

If an employment relationship is established, I understand that the employment relationship is an "at will" relationship and that I have a right to terminate my employment at any time and that Children First retains a similar right. I also understand that, if hired, there will be a hundred and eighty (180) day probationary period.

Applicant's Signature

Date