

# Early Learning Coalition of Florida's Heartland, Inc.

*An Equal Opportunity Employer*  
Employees of the ELCFH and applicants for employment will be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, marital status, gender or age.

## Application for Employment

Date \_\_\_\_\_

1. Position applied for \_\_\_\_\_ 2. County \_\_\_\_\_

3. Full legal name \_\_\_\_\_  
Last First Middle

4. Social Security No. \_\_\_\_\_ 5. Home Phone (\_\_\_\_) \_\_\_\_\_  
(Note: Social Security No. is optional at this time. It will be required upon employment)

6. Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_ Business Phone \_\_\_\_\_

7. Address \_\_\_\_\_  
Address City State Zip

8. **EDUCATION**

- a. Check highest grade completed    9   10   11   12
- b. If you did not complete high school, do you have a high school equivalency diploma?     Yes    No
- c. Check number of years of education past high school    1   2   3   4   5   6   7

Name and location of institution(s) of higher education attended beyond high school.

Name and Location of Institution(s)	Hrs Earned or Degree Received	Major/Specialty	Minor

d. If you expect to complete an educational program in the near future, please indicate what type of degree or program and expected completion date: \_\_\_\_\_

**NOTE: Previous to hiring, all educational documentation mentioned above must be submitted.**

9. **SCREENING**

- a. For purposes of compliance with the Immigration Reform and Control Act, are you legally eligible for employment in the United States?  Yes    No. Under the Immigration Reform and Control Act of 1986, you will be required to fill out a certification verifying that you are eligible to be employed and verifying your identity. Further, you will be required to provide documentation to that effect should you be employed.
- b. Have you ever been convicted of a crime?  Yes    No
- c. If you answered yes to 9 b, please explain. \_\_\_\_\_

**NOTE: The ELCFH is a drug free workplace. As a condition of your employment you will need to complete and pass a background and drug screening.**

10. **MISCELLANEOUS**

- a. Are you willing to do occasional travel during work hours?  Yes    No
- b. Are you willing to occasionally attend workshops/conferences which may require overnight stay?  Yes    No

11. When will you be available to start work? \_\_\_\_\_

12. **EXPERIENCE (Start with the most recent work experience)** Include ALL paid, military and voluntary experiences. In area for "duties", highlight your knowledge, skills and abilities which best demonstrate your qualifications for this position. You may list significantly different jobs within the same organizations as separate items.

a. **Employer** \_\_\_\_\_ Department \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Type of business \_\_\_\_\_  
Immediate Supervisor \_\_\_\_\_ Your title \_\_\_\_\_  
Duties \_\_\_\_\_  
\_\_\_\_\_  
Salary (start) \_\_\_\_\_ (finish) \_\_\_\_\_ Number of employees you supervised \_\_\_\_\_  
Dates (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
Full time \_\_\_\_\_ Part time \_\_\_\_\_ Hours/wk \_\_\_\_\_ Your name if different from present \_\_\_\_\_  
**May we contact?**  Yes  No

b. **Employer** \_\_\_\_\_ Department \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Type of business \_\_\_\_\_  
Immediate Supervisor \_\_\_\_\_ Your title \_\_\_\_\_  
Duties \_\_\_\_\_  
\_\_\_\_\_  
Salary (start) \_\_\_\_\_ (finish) \_\_\_\_\_ Number of employees you supervised \_\_\_\_\_  
Dates (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
Full time \_\_\_\_\_ Part time \_\_\_\_\_ Hours/wk \_\_\_\_\_ Your name if different from present \_\_\_\_\_  
**May we contact?**  Yes  No

c. **Employer** \_\_\_\_\_ Department \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Type of business \_\_\_\_\_  
Immediate Supervisor \_\_\_\_\_ Your title \_\_\_\_\_  
Duties \_\_\_\_\_  
\_\_\_\_\_  
Salary (start) \_\_\_\_\_ (finish) \_\_\_\_\_ Number of employees you supervised \_\_\_\_\_  
Dates (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
Full time \_\_\_\_\_ Part time \_\_\_\_\_ Hours/wk \_\_\_\_\_ Your name if different from present \_\_\_\_\_  
**May we contact?**  Yes  No

d. **Employer** \_\_\_\_\_ Department \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Type of business \_\_\_\_\_  
Immediate Supervisor \_\_\_\_\_ Your title \_\_\_\_\_  
Duties \_\_\_\_\_  
\_\_\_\_\_  
Salary (start) \_\_\_\_\_ (finish) \_\_\_\_\_ Number of employees you supervised \_\_\_\_\_  
Dates (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
Full time \_\_\_\_\_ Part time \_\_\_\_\_ Hours/wk \_\_\_\_\_ Your name if different from present \_\_\_\_\_  
**May we contact?**  Yes  No

e. **Employer** \_\_\_\_\_ Department \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone \_\_\_\_\_ Type of business \_\_\_\_\_  
 Immediate Supervisor \_\_\_\_\_ Your title \_\_\_\_\_  
 Duties \_\_\_\_\_

Salary (start) \_\_\_\_\_ (finish) \_\_\_\_\_ Number of employees you supervised \_\_\_\_\_  
 Dates (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
 Full time \_\_\_\_\_ Part time \_\_\_\_\_ Hours/wk \_\_\_\_\_ Your name if different from present \_\_\_\_\_  
**May we contact?**  Yes  No

13. Use this space for any additional information you think would help us evaluate your application, including training, seminars, workshops, special achievements, skills, ability to read/write another language, etc.

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14. **PROFESSIONAL REFERENCES**

List names, addresses and relationships of three persons not related to you who know your professional qualifications.

Name	Address	Phone	Relationship

15. **CERTIFICATION** *(Requires current date and original signature)*

I hereby certify that all entries and attachments are true and complete. I agree and understand that any falsification of information, regardless of time of discovery, may cause forfeiture of my employment in the service of the ELCFH. I understand that all information on this application is subject to verification and I consent to background checks. I also give the ELCFH my consent to contact references, former employers and educational institutions listed regarding this application.

I understand that if hired, I will be an at-will employee. I will be subject to dismissal or discipline without notice or cause, at the discretion of the ELCFH. I also understand that this means I am free to quit my employment at any time, for any reason, without notice. I understand that no representative of the ELCFH, other than with the approval of the ELCFH Board of Directors, has authority to change the terms of an at-will employment and that any such change must be submitted in writing by an approved authority.

**Applicant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

NOTE: Applications will be kept on file for up to one year.

<b>WHEN HIRED</b> Original to HR <input type="checkbox"/>
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