



CONFIDENTIAL EMPLOYMENT APPLICATION

Name: _____
Last First MI

Social Security No. _____

Address _____
Street City State Zip

Phone - home: _____ cell: _____

E-mail _____

Are you at least 18 yrs. of age? yes no U.S. Citizen? yes no

Have you ever been convicted of a misdemeanor or felony crime – including sex related or child abuse offenses? yes no If yes, please describe:

Employment Desired

Position(s): _____

Date you can start: _____ Salary desired _____

Current status

Are you currently employed? yes no May we contact your present employer? yes no

Company Name: _____ Position: _____

Phone: _____

Do you currently have relatives employed at SCEIC? yes no

If yes, who? _____

Have you completed the mandatory 40-hour child care training? yes no

Education History

School	Name & Location	Years Completed	Degree received Or credits earned
High School			
College			
Graduate School			
Other			

List any job-related society memberships, professional organizations, research, skills or languages you speak:

Employment History

Section 402.302 F.S. requires verification of work history for a minimum of 2 years preceding employment.

Employer (Start with most recent)	Dates (mo./yr.)	Phone	Job Title	Reason for Leaving

References:

Please list 3 persons who are not related to you that we can call as a reference and their phone numbers.

Name	Relationship	Business	Years known	Phone
1				
2				
3				

Pursuant to Florida Statutes Section 402.3055(1)(b) you are required to answer the following question under penalty of perjury:

Have you ever had a license denied, revoked, or suspended in any state or jurisdiction or been the subject of a disciplinary action or been fined while employed in a child care facility? yes no

If yes, explain: _____

I certify the facts contained in this application are true and complete to the best of my knowledge and understand that if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein. I give you permission to obtain information concerning my previous employment and pertinent information that they may have, personal or otherwise, and release all parties from all liability for any damage that may result.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of the payment of wages or salary, be terminated at any time without any prior notice.

SIGNATURE _____ DATE _____

Mail or bring to:
 Space Coast Discovery
 3790 Dairy Road
 Melbourne, FL 32934

Other options:
 email this form to: hrichardson@spacecoastdiscovery.org
 or fax to 321-729-0937