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: _____

How did you find out about the position? ☐ Indeed ☐ Facebook ☐ Current employee ☐ Marquee ☐Other

If other, how? _____

Have you completed the mandatory 45-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 info@spacecoastdiscovery.org
or fax to 321-729-0937