



APPLICATION FOR EMPLOYMENT

Crown of Life Christian Academy
5820 Daniels Pkwy Fort Myers, FL 33912
(239) 482-7315

Position applied for: _____

Date of application: ____/____/____

GENERAL INFORMATION

Name: _____

Last

First

Middle

Address: _____

Street

City

State

Zip

Phone number: _____ Cell phone number: _____

Email Address: _____

Date of birth: ____/____/____ M / F

Can you legally work in the U.S.?

YES / NO (Proof of citizenship or immigration status will be required upon employment)

Have you ever held a child care license with the Dept. of Children & Families (FL), been licensed in another state or been registered to provide child care in your home?

YES / NO

If yes, please identify where and when license was held and what type of program the license was for: _____

While employed in a child care program, have you ever been the subject of disciplinary action or been the party responsible for a child care facility receiving an administrative fine? YES / NO

If yes, please explain: _____

Have you ever been arrested? YES / NO

If yes, please explain: _____

Have you been convicted of a crime in the past? YES / NO

If yes, please state the nature of the offense, where the offense occurred, date and sentence imposed: _____

EDUCATION

Name and Location of School	Number of years attended	Did you graduate?	Major
High School -		Y / N	
College -		Y / N	
Trade School or Further Education -		Y / N	

List other training, certification, or licenses held (for example: CPR, First Aid, Abusive Head Trauma/Beyond Back to Sleep):

Related volunteer experience:

CHILD CARE WORK EXPERIENCE

	Years of Experience	Rank Preference to Work With
2 Yrs. - 3 Yrs.		
4 Yrs. (VPK)		
5 Yrs. - 12 Yrs.		

Describe your experiences in brief detail

AVAILABILITY

Circle One: Part Time Full Time	Date Available to Start:
Days/Hours Available to Work: Monday Tuesday Wednesday Thursday Friday	

Desired pay rate (\$/hr): _____

EMPLOYMENT HISTORY (Most recent first, any jobs you have held during the previous two years or the last three jobs)

Dates (including months and years)	Name, Address, and Phone number of Employer	Name of Supervisor and Your Title	Rate of Pay	Reason for Leaving
From: _____			Starting: _____	
To: _____			Final: _____	

Describe Major Duties:	
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Dates (including months and years)	Name, Address, and Phone number of Employer	Name of Supervisor and Your Title	Rate of Pay	Reason for Leaving
From: _____			Starting: _____	
To: _____			Final: _____	

Describe Major Duties:	
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Dates (including months and years)	Name, Address, and Phone number of Employer	Name of Supervisor and Your Title	Rate of Pay	Reason for Leaving
From: _____			Starting: _____	
To: _____			Final: _____	

Describe Major Duties:	
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Briefly describe what you feel most qualifies you for this position: _____

Briefly describe your professional goals: _____

REFERENCES (3 are required)

Name	Phone number	Relationship, Years Acquainted

Crown of Life Christian Academy is a non-profit organization and does not provide unemployment pay.

ACKNOWLEDGMENT AND AUTHORIZATION

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby 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 the Employer may discharge 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 executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

In accordance with s.402.301-219, F.S. and s.435, F.S. a criminal history record check, an affidavit of good moral character, and an employment affidavit will be conducted.

As an applicant for work at Crown of Life Christian Academy, I understand that I must submit fingerprints and a local law check before my first day employment. I also understand that I must enroll and begin DCF's 40 hour training for childcare employees within 90 days of my employment, unless I can produce verification that I have already attended this training.

A typed name is considered a signature.

Applicant's signature

Date

EQUAL OPPORTUNITY EMPLOYER

Crown of Life Christian Academy does not discriminate on the basis of race, color, national origin, sex, religion, age, or disability for the provision of services.