



DCF License # C20LE0165

APPLICANT INFORMATION

Last Name _____ First Name _____ M.I. ____ Date _____

Street Address _____ Apt # _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Date Available _____ Position Applied for _____ Desired Salary _____

Type of employment desired Full-time ____ Part-time ____

Social Security # _____ Date Of Birth: _____

Are you a U.S. Citizen? Yes ____ No ____

If no, are you authorized to work in the U.S.? Yes ____ No ____

Have you ever been convicted of a felony or any other offense? Yes ____ No ____

If yes, explain _____

EDUCATION

High School _____ Address _____

FROM _____ To _____ Did you graduate? Yes ____ No ____

College _____ Address _____

From _____ To _____ Did you graduate? Yes ___ No ___

Other _____ Address _____

Have you completed the state mandated 45 hours required by Florida Department of Children and Families to work in a child care center? Yes _____ No _____

Do you have a Florida Childcare Professional Credential (formerly called a CDA)?

Yes _____ No _____ If yes, expiration Date: _____

Do you have a Florida Director's Credential? Yes _____ No _____ If yes, expiration Date: _____

PROFESSIONAL REFERENCES

Full Name _____ Relationship _____

Company _____ Phone _____

Full Name _____ Relationship _____

Address _____ Phone _____

Full Name _____ Relationship _____

Address _____ Phone _____

EMPLOYMENT HISTORY

List below all present and past employment, in chronological order, of jobs you have held in the last two years or your last three jobs.

Place of Employment _____ Address _____

City _____ State _____ Phone _____

Dates of Employment _____ Position Held _____

Supervisor's Name _____ May we contact them? _____

Reason for leaving _____

Job Description _____

Place of Employment _____ Address _____

City _____ State _____ Phone _____

Dates of Employment _____ Position Held _____

Supervisor's Name _____ May we contact them _____

Reason for leaving _____

Job Description _____

Place of Employment _____ Address _____

City _____ State _____ Phone _____

Dates of Employment _____ Position Held _____

Supervisor's Name _____ May we contact them? _____

Reason for leaving _____

Job Description _____

Please answer the following:

Have you ever held a child care license with the Department of Children and Families or been a registered home child care provider? Yes ___ No ___

While employed in a child care program, have you ever been the subject of a disciplinary action, or been the part responsible for a child care facility receiving an administrative fine or disciplinary action?

Yes ___ No ___ If yes, please explain: _____

Please answer the following questions:

What is your philosophy on early childhood education? _____

What are your strengths? _____

What are your weaknesses? _____

Why should you be hired for this position? _____

Where do you see yourself in 3 years? _____

Please read carefully before signing:

By signing this application I agree that all information on this application is true and complete. I understand that any false information or omission of information may disqualify me from further consideration of employment and may result in my immediate dismissal if discovered at a later date. If employed, I understand that I have been hired at the will of Flamingo Daycare of SWFL, Inc. and my employment may be terminated at any time.

Signature of applicant

Date