

# Little Rainbow's Learning Center

## Employment Application

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_ Have you ever worked in the Child Care Industry: **YES** **NO**

Position Applied for: \_\_\_\_\_

Are you a citizen of the United States? **YES** **NO** If no, are you authorized to work in the U.S.? **YES** **NO**

Have you ever worked for this company? **YES** **NO** If yes, when? \_\_\_\_\_

Have you ever been convicted of a felony? **YES** **NO** If yes, when? \_\_\_\_\_

#### APPLICATION QUESTION FOR A CHILD CARE APPLICANT AS REQUIRED BY F.S. 402.3055(1)(b):

Have you ever worked in a facility that has had a license denied, revoked, or suspending in any state or jurisdiction or has been the subject of a disciplinary action or been fined while employed in a child care facility? If Yes, please attach a sheet with an explanation.	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>
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### Emergency Contact Information

Full Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number \_\_\_\_\_

### Employment Questions

Have you ever held a child care license with the Department of Children and Families or been registered to provide care in your home?	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>
While employed in a child care program, have you ever been the subject of disciplinary action, or been the part responsible for a child care facility receiving an administrative fine or other disciplinary action?	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>
If yes, please explain _____		
Have you ever registered on the DCF website or taken any classes online?	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>
Have you ever worked in a child care facility or been placed into the DCF website by an inspector?	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>

## Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

## References

*Please list three professional references.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

## Previous Employment

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO  Date Contacted: \_\_\_\_\_  
Verified by: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO  Date Contacted: \_\_\_\_\_  
Verified by: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO  Date Contacted: \_\_\_\_\_  
Verified by: \_\_\_\_\_

### Military Service

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

### Disclaimer and Signature

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

*If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_