

EARLY YEARS CHILD DEVELOPMENT CENTER  
EMPLOYMENT APPLICATION

NAME: \_\_\_\_\_  
Last Middle First

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

Telephone: \_\_\_\_\_ Social Security \_\_\_\_\_

**Educational Background:**

High School: \_\_\_\_\_ Graduated: \_\_\_\_\_

College: \_\_\_\_\_ Graduated: \_\_\_\_\_

Check all areas in which you have proof of completion

First Aid \_\_\_ CPR \_\_\_ 20 Hr. Course \_\_\_ 10 Hr. Course \_\_\_ 10 Hr. BOS \_\_\_ CDA \_\_\_

**Employment History:**

1. Employer \_\_\_\_\_ Supervisor \_\_\_\_\_  
Telephone \_\_\_\_\_ Address \_\_\_\_\_  
Employed from \_\_\_\_\_ to \_\_\_\_\_ Duties \_\_\_\_\_  
If currently employed may we contact \_\_\_\_\_ Reason for leaving \_\_\_\_\_

2. Employer \_\_\_\_\_ Supervisor \_\_\_\_\_  
Telephone \_\_\_\_\_ Address \_\_\_\_\_  
Employed from \_\_\_\_\_ to \_\_\_\_\_ Duties \_\_\_\_\_  
If currently employed may we contact \_\_\_\_\_ Reason for leaving \_\_\_\_\_

3. Employer \_\_\_\_\_ Supervisor \_\_\_\_\_  
Telephone \_\_\_\_\_ Address \_\_\_\_\_  
Employed from \_\_\_\_\_ to \_\_\_\_\_ Duties \_\_\_\_\_  
If currently employed may we contact \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Emergency contact: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

I have/have not (circle one) worked in a child care facility that has had a license denied, revoked, or suspended in any state or jurisdiction or has been the subject of a disciplinary action or been fined while employed at the child care facility. If you answered "have", please explain: \_\_\_\_\_

I realize that this information is required for child care personnel according to Florida Statutes 402.3055(b). I attest that this information is true to the best of my knowledge if requested under penalty of perjury.

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