

**E-mail completed
application to
Star@ImpactLCJax.com**

Impact Learning Center Employment Application



Instructions: All information on this application must be truthful and correct. Falsification or misrepresentation on the application is cause for immediate dismissal (termination of employment).

Personal Information

Name: _____ Date: ___/___/___

Address: _____ E-Mail Address: _____

Phone Number: (____)_____ Citizenship: ___USA ___Other D.O.B.: ___/___/___

Social security Number: _____--____--_____ Position applying for: _____

Emergency Contact Information

Name: _____ Relationship to you: _____

Home Address: _____ Phone Number: (____)_____

Please answer the following Questions

1. Have you ever held a child care license with the Department of Children and Families or been registered to provide child care in your home? _____ Yes _____No
 2. 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? _____ Yes _____No Explain: _____
 3. Have you ever applied for or been employed by this center before? _____Yes _____No
 4. I certify that I am a U.S. citizen, permanent resident, or foreign national with authorization to work in the United States. _____Yes _____No
 5. Have you ever been convicted of, or entered a plea of guilty, no contest, or had a withheld judgment to a felony or a first degree misdemeanor? ___ Yes ___No Explain: _____
- Is there anything that could call into question your ability to work with children? ___ Yes ___No

References (list at least 2 people that are not related to you, but familiar with your work)

Name	City/ State	Phone(s)	Occupation

Employment History *(please list a minimum of all employers with in the last five years)*

Employer: _____ Address: _____

Supervisor: _____ Phone Number: _____

Job Title: _____ Starting Salary: _____ Ending Salary: _____

From (month/year): _____ To (month/year): _____ Hours Per Week: _____

Duties and Responsibilities: _____

Reason for Leaving: _____

Employer: _____ Address: _____

Supervisor: _____ Phone Number: _____

Job Title: _____ Starting Salary: _____ Ending Salary: _____

From (month/year): _____ To (month/year): _____ Hours Per Week: _____

Duties and Responsibilities: _____

Reason for Leaving: _____

Employer: _____ Address: _____

Supervisor: _____ Phone Number: _____

Job Title: _____ Starting Salary: _____ Ending Salary: _____

From (month/year): _____ To (month/year): _____ Hours Per Week: _____

Duties and Responsibilities: _____

Reason for Leaving: _____

Employer: _____ Address: _____

Supervisor: _____ Phone Number: _____

Job Title: _____ Starting Salary: _____ Ending Salary: _____

From (month/year): _____ To (month/year): _____ Hours Per Week: _____

Duties and Responsibilities: _____

Reason for Leaving: _____

Education/ Certification

Education	School Name & State	Major (if Applicable)	Year Completed	Year Expiring
45 DCF Hours				
Staff Credential				
Director's Credential				
High School Diploma				
AA Degree				
BA Degree				

Permission to Release Information and Certification of Truth

I consent to the release of information on my ability, employment history, fitness for employment, educational records, law enforcement records, and/or any job-related information by employers, schools, law enforcement agencies, and other individuals and organizations to Impact Learning Center. I further release all persons or companies from any and all claims as a result of any inquiry or response given in connection with my application for employment. This consent shall continue to be effective during my employment should I be hired. I understand that, if I am given an offer of employment, it will be conditional on satisfactory results of a background investigation, or drug test and physical (if applicable). I further understand & voluntarily agree, as a condition of employment or my continual employment, that I may be requested to submit to a drug test, and that my failure to comply when requested to do so or unsatisfactory results will disqualify me from consideration for employment, or if I am already employed, may result in immediate termination.

I certify that to the best of my knowledge all information on this application is true, correct and complete and contains no willful falsifications or misrepresentations. I understand that any false or misleading information or omissions of facts may disqualify me for employment consideration and, if I am hired, may be grounds for immediate termination at a later date.

Applicant's Signature: _____ Date: ____/____/_____

Writing Sample

Please write a paragraph below telling us about yourself. Please including what you like most about working with children, how you heard about our center, and why you want to work here?
