



EMPLOYMENT APPLICATION

DATE: _____

The Early Learning Coalition of Pasco and Hernando Counties, Inc. is an Equal Opportunity Employer.

LAST NAME		FIRST NAME		MIDDLE NAME		NAME YOU GO BY	
CURRENT MAILING ADDRESS	STREET		CITY		STATE		ZIP CODE
PERMANENT ADDRESS (If different from above)							
LOCAL PHONE NUMBER		OTHER PHONE NUMBERS WHERE YOU MAY BE CONTACTED			EMAIL ADDRESS		
DATE AVAILABLE TO START WORK		HAVE YOU EVER APPLIED FOR WORK WITH THE EARLY LEARNING COALITION? <input type="checkbox"/> No <input type="checkbox"/> Yes (When)				WERE YOU HIRED? <input type="checkbox"/> No <input type="checkbox"/> Yes	
ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES? (IF YES, PROOF IS REQUIRED IF HIRED.)							<input type="checkbox"/> No <input type="checkbox"/> Yes

WORK PREFERENCE

POSITION FOR WHICH YOU ARE APPLYING OR THE TYPE OF WORK IN WHICH YOU ARE INTERESTED		SALARY REQUIRED	
DO YOU NEED ANY SPECIAL WORK ACCOMMODATIONS <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, explain		ARE YOU INTERESTED IN <input type="checkbox"/> FULL TIME EMPLOYMENT OR <input type="checkbox"/> PART TIME EMPLOYMENT	
DO YOU HAVE ANY GEOGRAPHIC REQUIREMENTS? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, explain		DO YOU HAVE ANY FAMILY OR FRIENDS WHO WORK FOR THE COALITION? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, List Name:	
DO YOU PRESENTLY SIT ON A BOARD OR HOLD A POSITION WITH A COMPETITOR OR SOMEONE WHO DOES BUSINESS WITH THE COALITION? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, explain			

EDUCATIONAL RECORD

HIGH SCHOOL NAME		CITY, STATE		GRADUATED <input type="checkbox"/> No <input type="checkbox"/> Yes	
HONORS RECEIVED INCLUDING SCHOLASTIC AND HONORARY ORGANIZATIONS TO WHICH YOU WERE ELECTED OR APPOINTED					
BUSINESS/VOCATIONAL-TECHNICAL SCHOOL NAME		COURSE OF STUDY		DEGREE OR CERTIFICATE	
HONORS RECEIVED INCLUDING SCHOLASTIC AND HONORARY ORGANIZATIONS TO WHICH YOU WERE ELECTED OR APPOINTED					
COLLEGE UNDERGRADUATE	COLLEGE NAME		CITY, STATE		
	COLLEGE NAME		CITY, STATE		
	MAJOR STUDY		MINOR STUDY		DEGREE
	CUMULATIVE GRADE POINT AVG.		GPA IN MAJOR		HIGHEST POSSIBLE AVERAGE
COLLEGE GRADUATE	COLLEGE NAME		CITY, STATE		
	MAJOR STUDY		MINOR STUDY		DEGREE
	CUMULATIVE GRADE POINT AVG.		GPA IN MAJOR		HIGHEST POSSIBLE AVERAGE
HONORS RECEIVED INCLUDING SCHOLASTIC AND HONORARY ORGANIZATIONS OR OFFICES TO WHICH YOU WERE ELECTED OR APPOINTED					

WORK EXPERIENCE

List Most Recent First; Include any Paid, Unpaid or Military Experience

COMPANY NAME		JOB TITLE		PERIOD OF EMPLOYMENT	
ADDRESS		CITY	STATE	ZIP	FROM: _____MONTH _____YEAR
SUPERVISOR'S NAME		TELEPHONE NUMBER ()		REASON FOR LEAVING	
BRIEF JOB DESCRIPTION					
ENDING SALARY					
MAY WE CONTACT THIS EMPLOYER <input type="checkbox"/> Yes, Immediately <input type="checkbox"/> Yes, at a Later Date <input type="checkbox"/> No, Do Not Contact				AVERAGE NUMBER OF HOURS WORKED	

COMPANY NAME		JOB TITLE		PERIOD OF EMPLOYMENT	
ADDRESS		CITY	STATE	ZIP	FROM: _____MONTH _____YEAR
SUPERVISOR'S NAME		TELEPHONE NUMBER ()		REASON FOR LEAVING	
BRIEF JOB DESCRIPTION					
ENDING SALARY					
MAY WE CONTACT THIS EMPLOYER <input type="checkbox"/> Yes, Immediately <input type="checkbox"/> Yes, at a Later Date <input type="checkbox"/> No, Do Not Contact				AVERAGE NUMBER OF HOURS WORKED	

COMPANY NAME		JOB TITLE		PERIOD OF EMPLOYMENT	
ADDRESS		CITY	STATE	ZIP	FROM: _____MONTH _____YEAR
SUPERVISOR'S NAME		TELEPHONE NUMBER ()		REASON FOR LEAVING	
BRIEF JOB DESCRIPTION					
ENDING SALARY					
MAY WE CONTACT THIS EMPLOYER <input type="checkbox"/> Yes, Immediately <input type="checkbox"/> Yes, at a Later Date <input type="checkbox"/> No, Do Not Contact				AVERAGE NUMBER OF HOURS WORKED	

REFERENCES

NAME		JOB TITLE	
CITY	STATE	ZIP	
TELEPHONE NUMBER			
TYPE <input type="checkbox"/> Professional <input type="checkbox"/> Personal			# OF YEARS KNOWN _____
NAME		JOB TITLE	
CITY	STATE	ZIP	
TELEPHONE NUMBER			
TYPE <input type="checkbox"/> Professional <input type="checkbox"/> Personal			# OF YEARS KNOWN _____
NAME		JOB TITLE	
CITY	STATE	ZIP	
TELEPHONE NUMBER			
TYPE <input type="checkbox"/> Professional <input type="checkbox"/> Personal			# OF YEARS KNOWN _____
NAME		JOB TITLE	
CITY	STATE	ZIP	
TELEPHONE NUMBER			
TYPE <input type="checkbox"/> Professional <input type="checkbox"/> Personal			# OF YEARS KNOWN _____

BACKGROUND INFORMATION

Have you ever been convicted of a felony or first degree misdemeanor?

No Yes

If "yes", what charges? _____

Where? _____

Date of Conviction _____

Have you ever pled nolo contendere or pled guilty to a crime which is a felony or a first degree misdemeanor?

No Yes

If "yes", what charges? _____

Where? _____

Date: _____

Have you ever had the adjudication of guilt withheld for a crime which is a felony or a first degree misdemeanor?

No Yes

If "yes", what charges? _____

Where? _____

Date: _____

NOTE: A "YES" answer to these questions will not automatically bar you from employment. The nature, job-relatedness, severity, and date of the offense in relation to the position for which you are applying are considered.

I affirm that the above information is true and complete. I understand that any falsification, omission, misrepresentation, or concealment of information on this application, during interviews, or at any time during the hiring process shall be sufficient cause for denial of employment, revocation of an existing offer, or immediate discharge.

I hereby authorize my former employers, educational institutions, and references to furnish any information concerning my application for employment. I further authorize the Early Learning Coalition to contact my former employers, educational institutions, and references for the purpose of obtaining such information. In consideration of the Early Learning Coalition's review of this Application, I release the Early Learning Coalition and all providers of information from any liability as a result of furnishing and receiving such information.

I understand that an offer of employment may be contingent upon a successful completion of a criminal background check.

In consideration of my employment, I will agree to abide by all policies and regulations of the Coalition. I understand that my employment is "at will" and can be terminated at any time for any reason by me or the Early Learning Coalition. Any oral statements that contradict this employment "at will" relationship are disavowed by the Early Learning Coalition and should not be relied upon.

Signature _____

Date _____