

First United Methodist Church Early Care Center
104 S. Pineapple Ave.
Sarasota, FL 34236

APPLICATION FOR EMPLOYMENT
(PRE EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORMATION

DATE _____

NAME _____
LAST FIRST MIDDLE

PHONE NUMBER _____

ADDRESS _____
STREET CITY STATE ZIP

ARE YOU 18 YEARS OR OLDER? _____ YES _____ NO
CAN YOU LIFT OVER 50 LBS? _____ YES _____ NO

CAN YOU SUPPLY APPROPRIATE DOCUMENTATION THAT YOU ARE ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES? _____ YES _____ NO

EMPLOYMENT DESIRED

POSITION _____ DATE YOU CAN START _____ SALARY DESIRED _____

ARE YOU EMPLOYED NOW? _____ MAY WE CONTACT YOUR EMPLOYER? _____

HAVE YOU EVER WORKED IN A CHILD CARE FACILITY THAT HAS HAD ITS LICENSE DENIED, REVOKED OR SUSPENDED OR BEEN THE SUBJECT OF DISCIPLINARY ACTION OR HAVE YOU EVER BEEN FINED WHILE BEING EMPLOYED IN A CHILD CARE FACILITY? _____ YES _____ NO

EDUCATION NAME AND LOCATION # OF YEARS GRADUATE?

HIGH SCHOOL _____

COLLEGE _____

TRADE OR BUSINESS _____

GENERAL

LIST YOUR EARLY CHILDHOOD CREDENTIALS AND COMPLETED EDUCATION _____

HOBBIES OR SPECIAL SKILLS _____

WHAT CAN YOU OFFER THAT WILL MAKE THE DIFFERENCE IN THE LIFE OF A CHILD?

WHAT LEAD(S) YOU TO A CAREER IN EARLY CHILDHOOD EDUCATION? _____

WHAT COULD YOU CONTRIBUTE TO OUR TEAM AND FACILITY THAT SOMEONE ELSE COULDN'T?

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FORMER EMPLOYERS

DATE	NAME AND PHONE (BUSINESS AND SUPERVISOR & PHONE NUMBER)	SALARY	POSITION	REASON FOR LEAVING
FROM _____	_____			
TO _____	_____	_____	_____	_____
FROM _____	_____			
TO _____	_____	_____	_____	_____
FROM _____	_____			
TO _____	_____	_____	_____	_____
FROM _____	_____			
TO _____	_____	_____	_____	_____

WHICH OF THESE JOBS DID YOU FIND THE MOST REWARDING? AND WHY? _____

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

NAME	ADDRESS	PHONE #	YEARS AQUATINTED
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

“I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME. IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY’S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY’S OPTION. I ALSO UNDERSTAND THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN IT’S DIRECTORS, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE DIRECTORS, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FORGOING.”

DATE

SIGNATURE