

EMPLOYMENT APPLICATION

PERSONAL INFORMATION

(Note: All Parts of Application must be filled out, write N/A if Question is not applicable)

Taylor's Tots Preschool Inc. is an equal opportunity employer and does not discriminate against otherwise qualified applicants for any reason. Including but not limited to race, color, national origin, ancestry, gender, medical condition, pregnancy, religion, sex, sexual orientation, age, veteran status, marital status disability, genetic information, lifestyle, or any other basis prohibited by law.

Name:	Date:	
Address:		
City:	State:	Zip Code:
Home Phone: () Cell	Phone: ()
E-Mail:		
Position desired:		
When would you be able to begin work:		
Have you ever worked at Taylor's Tots Preschool before: []YES []NO		
If Yes, when; give dates and location(s):		
Do you know of any relatives employed here*:	[]YES []N	10
If Yes, name and relation of each:		

EDUCATION

(Note: All Parts of Application must be filled out, write N/A if Question is not applicable)

	School Name, City, State	Diploma or Degree
High School		[]YES []NO
College or University		[]YES []NO
Type Licenses or Certifications		[]YES []NO
Other Training		[]YES []NO



EMPLOYMENT HISTORY

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Are you presently employed? []YES []NO If Yes, may we contact your employer? []YES []NO		
Why are you leaving?		
Start list with your present or most recent employer (1)		
Name of Employer	Telephone Number ()	
Supervisor's Name and Title	Dates Employed From: To:	
Address (City, State, Zip Code)	Rate of Pay per hour	
	Beginning \$ Final \$	
Describe Work Performed:		
(2)		
Name of Employer	Telephone Number ()	
Supervisor's Name and Title	Dates Employed	
	From: To:	
Address (City, State, Zip Code)	Rate of Pay per hour	
	Beginning \$ Final \$	
Describe Work Performed:		
(3)		
Name of Employer	Telephone Number ()	
Supervisor's Name and Title	Dates Employed	
	From: To:	
Address (City, State, Zip Code)	Rate of Pay per hour	
	Beginning \$ Final \$	
Describe Work Performed:		

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PROFESSIONAL / JOB REFERENCES

(Note: All Parts of Application must be filled out, write N/A if Question is not applicable)

Give 3 (three) References (Not Relatives)

(1) Name	Job Title / Supervisor [] YES [] NO
Address (City, State, Zip Code)	Telephone Numbers Mobile ()
How many years known:	Other ()

(2) Name	Job Title / Supervisor [] YES [] NO
Address (City, State, Zip Code)	Telephone Numbers Mobile ()
How many years known:	Other ()

(3) Name	Job Title / Supervisor [] YES [] NO
Address (City, State, Zip Code)	Telephone Numbers Mobile ()
How many years known:	Other ()

WORK SCHEDULE

A specific work schedule is not guaranteed. Terms of employment include that all employees work hours are subject to change, based on business needs. Including: working overtime, early arrival, late leaving, and covering other work hours/shifts. Complying with these terms are a job requirement and a condition of employment.

Overtime

Initial which set of hours you <u>ARE</u> able to work: Init	ial if you <u>ARE</u> able to work:
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These are the hour the business need coverage:

AM SHIFT (between 6am-noon) _____

PM SHIFT (between 1pm-6pm)

NIGHT SHIFT (between 6pm-8pm)

Overtime			
Initial if you prefer:	Part Time:	Full Time:	

Covering other Work Schedules:_____ Weekends:_____ Holidays: _____

Please list which day and time you CANNOT work:

APPLICANT'S CERTIFICATION

I understand that this Job Application does not create a contract of employment and the job is work at-will. Meaning, if employed, no employee has a right, express or implied employment for any defined period of time. The Company may terminate my at-will employment relationship at any time. <u>I understand I must meet, maintain and provide proof of required Training, as applicable from the Florida Department of Children and Families</u>. I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that, if employed, falsified statements of any kind or omissions of important facts on this application shall be considered sufficient basis for termination.

Applicant Signature:	Date:
Print Name:	
First	Last

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