



EMPLOYEE DATA FORM - PAGE 1

GENERAL INFORMATION

Name:	Social Security No.:	Date:		
Address:	City:	County:	State:	Zip Code:
Time at This Address: _____ Years	_____ Months	Citizenship: USA	_____ Other (Specify)	
Home Phone:	Cell Phone:	Email:		
Referred By:				

EMPLOYMENT DESIRED

Position:	Date Available:	Salary Desired:
Age Group Preference:	Hours/Days Available:	

EDUCATION

School:	Dates:	Degree Received:	Major:
School:	Dates:	Degree Received:	Major:
Would you be willing to continue your education by enrolling in courses or other training programs that may be recommended? Yes No			
Please list any courses, volunteer work, hobbies, or interests that would relate to the position for which you are applying:			
Please list any community organization in which you are active:			

EMPLOYMENT HISTORY

List below, in reverse chronological order, all present and past employment you had during the last 5 years.

1. Place of Employment:			
Address:	City:	State:	Zip Code:
Phone:	Dates of Employment: From:	To:	Position Held:
Supervisor's Name:	Phone:	May We Contact Them?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Leaving:			
Describe Job Duties (Attach Additional Sheet(s) If Necessary):			

2. Place of Employment:			
Address:	City:	State:	Zip Code:
Phone:	Dates of Employment: From:	To:	Position Held:
Supervisor's Name:	Phone:	May We Contact Them?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Leaving:			
Describe Job Duties (Attach Additional Sheet(s) If Necessary):			

CONTINUE ON THE NEXT PAGE



EMPLOYEE DATA FORM - PAGE 2

EMPLOYMENT HISTORY (CONT.)

3. Place of Employment:

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ Dates of Employment: From: _____ To: _____ Position Held: _____

Supervisor's Name: _____ Phone: _____ May We Contact Them? Yes No

Reason for Leaving: _____

Describe Job Duties (Attach Additional Sheet(s) If Necessary): _____

PREVIOUS RESIDENCES:

In the past 5 years, have you resided in any state(s) other than Florida? Yes No

If yes, please list the state(s): _____

PHYSICAL RECORD

Do you have any physical condition which may limit your ability to perform the job for which you are applying? Yes No

If yes, in what way? _____

EMERGENCY CONTACTS

Emergency Contact: _____ Relationship: _____ Telephone: _____

Address: _____

Emergency Contact: _____ Relationship: _____ Telephone: _____

Address: _____

OTHER

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

While employed in a child care program, have you ever been the subject of disciplinary action, or been the party responsible for a child care facility receiving an administrative fine or other disciplinary action? Yes No

If yes to either of the above, please explain (attach additional sheet(s), if necessary): _____

In compliance with the Department of Children & Families' requirements, no person shall be hired or retained as a staff member, paid or volunteer, who has:

- a. Been convicted of or admitted to or been the subject of substantial evidence of an act of child battering, child abuse, or child molesting.
- b. Used alcohol or drugs such that its effects are apparent during working hours that children are in care, or
- c. Been convicted of or admitted to any felony or any offense involving moral turpitude.

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for immediate dismissal. I attest to the accuracy of the answers above under penalty of perjury.

Signature: _____

Date: _____

**AFTER FILL ALL THE INFORMATIONS, PLEASE, SEND THIS FORM TO
INFO@BABYLANDBILINGUALACADEMY.COM**