

# KIDS HARBOR LEARNING CENTER

## APPLICATION FOR EMPLOYMENT IN CHILD CARE FACILITY



INSTRUCTIONS: All information on this application must be true and correct.  
Falsification or misrepresentation on the application is cause for immediate dismissal.

PLEASE PRINT

Applicant's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security No: \_\_\_\_\_

Home Address: \_\_\_\_\_

County: \_\_\_\_\_ City \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone No: \_\_\_\_\_ Email Address: \_\_\_\_\_

U.S. Citizenship YES or NO IF NO list country of Citizenship \_\_\_\_\_

Position for which you are applying? \_\_\_\_\_ Full-time or Part-time

### EMERGENCY CONTACT INFORMATION:

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE NO: \_\_\_\_\_

### Please answer the following questions:

1. Have you ever held a child care license with the Florida Department of Children and Families or been registered to provide child care in your home? **YES OR NO**
2. While employed in a child care program, have you ever been the subject of disciplinary action, or been in part, responsible for a child care facility receiving an administrative fine or other disciplinary action? **YES OR NO**

If Yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Why do you desire to be a preschool teacher? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

4. What age group of children would you prefer to work with? 1's 2's 3's 4's VPK

**LIST EMPLOYMENT FOR THE PAST 5 YEARS:** (Write on the back if need more space)

Name of Employer: \_\_\_\_\_

Position Held: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Main duties: \_\_\_\_\_

Supervisor's Name and Title: \_\_\_\_\_

Contact Info: Phone: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

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Position Held: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Main duties: \_\_\_\_\_

Supervisor's Name and Title: \_\_\_\_\_

Contact Info: Phone: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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Name of Employer: \_\_\_\_\_

Position Held: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Main duties: \_\_\_\_\_

Supervisor's Name and Title: \_\_\_\_\_

Contact Info: Phone: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

By signing below, I acknowledge that all of the information is true and correct. I also agree that KHLC may contact past employers to verify employment and obtain references.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date