



EMPLOYMENT APPLICATION

APPLICANT NAME:

EMAIL ADDRESS:

The Early Learning Coalition of Hillsborough County
6800 North Dale Mabry Highway, Suite 158
Tampa, Florida 33614
PH (813) 515-2340
FAX (813) 435-2299

www.elchc.org

EMPLOYMENT APPLICATION

The Early Learning Coalition of Hillsborough County is an Equal Opportunity Employer. All applications for employment are considered without regard to race, religion, sex, national origin, age, family status, veteran status, disability, or any other legally protected status. Failure to complete this application in its entirety will result in this application not being processed. This application will remain active for 180 days.

PERSONAL INFORMATION

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Social Security Number _____

Driver's License # _____ *Include Driver's License information if position includes driving as a job function.*

Are you 18 or older? ☐ Yes ☐ No If you are less than 18 years of age, please state your age _____

Were you previously employed by us? ☐ Yes ☐ No If yes, dates and location: _____

Are you eligible for employment in the USA? ☐ Yes ☐ No *(Proof of eligibility will be required)*

Names of friend(s) or relative(s) employed by us: _____

*During the last 7 years, have you ever been convicted of a crime excluding misdemeanors and traffic violations?

☐ Yes ☐ No. If yes, describe in full: _____

**A conviction will not necessarily bar you from employment*

EMPLOYMENT DESIRED

Position Desired: _____ Date you can start: _____

Salary Required: _____ How did you hear about this job? _____

Currently employed? ☐ Yes ☐ No Can we contact your present employer? ☐ Yes ☐ No

If required, can you work overtime? ☐ Yes ☐ No Are there any days you cannot work? ☐ Yes ☐ N. If yes, list: _____

EDUCATION

SCHOOL LEVEL	NAME & LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	YEAR COMPLETED
High School				
College or Vocational				
College or Vocational				

MILITARY SERVICE

Were you in the U.S. Armed Forces? ☐ Yes ☐ No If yes, what branch? _____

Date of Duty: From: _____ To: _____ Rank at discharge? _____

Indicate duties or special training in the service: _____

Please list any additional skills, certifications, or associations to which you belong that pertain to the position for which you are applying.

EMPLOYMENT HISTORY *(List below the last four employers, starting with the most recent)*

Employer: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Job Description: _____ Employed From: _____ To: _____

Starting Salary: _____ Final Salary: _____ Supervisor: _____

Reason for Leaving: _____

Employer: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Job Description: _____ Employed From: _____ To: _____

Starting Salary: _____ Final Salary: _____ Supervisor: _____

Reason for Leaving: _____

Employer: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Job Description: _____ Employed From: _____ To: _____

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Employer: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Job Description: _____ Employed From: _____ To: _____

Starting Salary: _____ Final Salary: _____ Supervisor: _____

Reason for Leaving: _____

REFERENCES

NAME	ADDRESS	BUSINESS	YEARS AQUAINTED

ACKNOWLEDGEMENT AND AGREEMENT

I certify that all statements given on this application are true and correct to the best of my knowledge. I agree that any false statements, misrepresentations or omission of fact during the hiring process may be grounds for denial of employment or if hired before discovery, my employment may be subject to termination.

I freely and voluntarily agree to a drug test at any time as may be allowed by state or federal law as part of my application for employment and that any offer of employment is conditional upon passing said pre-employment testing. I also understand and agree that Fortune Business Solutions and/or the Early Learning Coalition of Hillsborough County, Inc., reserves the right to require me to submit to an alcohol test and/or medical examination to the extent permitted by law. I further understand that refusal to submit to said drug and/or alcohol testing as are permitted by law, or the positive testing for prohibited drugs and/or alcohol in accordance with standards established by either state or federal law, may result in disciplinary action, including immediate suspension or termination of employment. Further, I understand that you may be requesting information from various federal, state, or other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil and other experiences.

I understand and agreed that if hired, I have the right to resign my employment anytime, with or without cause, and that my employment may be terminated with or without cause or notice. I understand that this acknowledgement supersedes any prior oral or written understanding.

I understand that Fortune Business Solutions and/or the Early Learning Coalition of Hillsborough County, Inc. May contact my previous employers, unless otherwise stated, and I authorize employers to disclose all records and other information pertinent to my employment and release them from liabilities that may result in such disclosure.

I authorize, without reservation, any party or agency contacted by this employer to furnish the above-mentioned information.

Date: _____ Signature: _____