



# **EARLY LEARNING**

COALITION OF HILLSBOROUGH COUNTY

## **EMPLOYMENT APPLICATION**

**APPLICANT NAME:**

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**EMAIL ADDRESS:**

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

[www.elchc.org](http://www.elchc.org)

# EMPLOYMENT APPLICATION

The Early Learning Coalition of Hillsborough County is an Equal Opportunity Employer. All qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, ancestry, age, marital or veteran status, sexual orientation, gender identity, or the presence of a non-job related medical condition or disability. Incomplete information could disqualify you from further consideration. Please complete all fields. Please type or print in ink.

## PERSONAL INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Are you 18 or older?     Yes     No    *(If no, you may be required to provide authorization to work.)*

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

Are you legally eligible to be employed in the United States?     Yes     No  
*(Proof of identity and eligibility will be required upon employment)*

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     No    If yes, list:

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

## EDUCATION

SCHOOL LEVEL	NAME & LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	DEGREE ACHIEVED
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: \_\_\_\_\_

**EMPLOYMENT HISTORY** *(List below the last four employers, starting with the most recent. Do not enter "see resume".)*

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: \_\_\_\_\_

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: \_\_\_\_\_

**PROFESSIONAL REFERENCES – Please list 3 professional references not related to you.**

<b>NAME</b>	<b>CONTACT INFORMATION</b>	<b>BUSINESS</b>	<b>YEARS AQUAINTED</b>

## **ACKNOWLEDGEMENT AND AGREEMENT**

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize the Early Learning Coalition of Hillsborough County to verify their accuracy and to obtain reference information on my work performance. I hereby release the Early Learning Coalition of Hillsborough County from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I freely and voluntarily agree to a drug/alcohol test at any time as may be allowed by state or federal law during the course of pre-employment and/or employment. I understand that positive test results, refusal to be tested, or any attempt to affect the test results or test sample will result in withdrawal of my application for employment, withdrawal of any provisional employment offer I have received from the Early Learning Coalition of Hillsborough County or termination of employment, depending on when results are received.

I understand that you may be requesting information from various federal, state or other agencies which maintains records concerning my past activities relating to my driving, credit, criminal, civil and other experiences.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Employer. However, I further understand that neither the policies, rules, regulations of employment nor anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the Employer may terminate my employment at any time with or without notice or cause

Date: \_\_\_\_\_ Signature: \_\_\_\_\_