



**EMPLOYMENT APPLICATION**

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

**PERSONAL INFORMATION**

Date \_\_\_\_\_  
Position Applied For \_\_\_\_\_  
Name \_\_\_\_\_  
Address/City/State/Zip \_\_\_\_\_  
Citizenship  USA  Other \_\_\_\_\_  
Have you lived in any state other than Florida in the past 5 years?  Yes  No  
If yes, please list states \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Email Address \_\_\_\_\_  
Time at this address \_\_\_\_\_ Marital Status \_\_\_\_\_ Social Security Number \_\_\_\_\_

**Members in Household:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Age (children only) \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Age (children only) \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Age (children only) \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Age (children only) \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Age (children only) \_\_\_\_\_

Church Membership \_\_\_\_\_  
Church Address & Phone \_\_\_\_\_  
Salary Desired \_\_\_\_\_ Hours Available Per Week \_\_\_\_\_ Date Available \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address/City/State/Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**EDUCATION INFORMATION**

High School graduation documentation or college transcripts are required prior to employment.

Name of High School \_\_\_\_\_

Diploma     GED     None - Highest Grade Completed \_\_\_\_\_

COLLEGE, UNIVERSITY, BUSINESS CORRESPONDENCE, TRADE, TECHNICAL OR VOCATIONAL SCHOOL	DATES OF ATTENDANCE MONTH/YEAR	AREA OF STUDY	CERTIFICATE DIPLOMA/DEGREE RECEIVED	DEGREE RECEIVED & DATE
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Please list below any other education, completed courses or work experience that would apply to your desired position within our organization (i.e. CPR, First Aid Certification, computer experience, office experience, etc.) \_\_\_\_\_

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

**TRANSPORTATION INFORMATION**

Do you have reliable means of transportation to and from work? \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State Issued \_\_\_\_\_ Exp. Date \_\_\_\_\_

Type of Driver's License     Operator     Commercial (CDL)     Other

Have you ever been arrested or convicted of a crime?     No     Yes

If yes, please explain the number of conviction(s), nature of offense(s), sentence(s) imposed and type of rehabilitation:

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

**EMPLOYMENT HISTORY**

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

Have you ever worked in a childcare facility?     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 family receiving an administrative fine or other disciplinary action?     Yes     No

If yes, please explain: \_\_\_\_\_

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

In reverse chronological order, list below all present and past employment held during the past five years. If necessary, please copy the next page to indicate additional employment.

**Place of Employment #1** \_\_\_\_\_  
Address/City/State/Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Dates of Employment \_\_\_\_\_ to \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_ Contact Phone \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
\_\_\_\_\_  
Job Duties & Responsibilities \_\_\_\_\_

**OFFICE USE ONLY - REFERENCE VERIFICATION**

Job Title \_\_\_\_\_ Dates of Employment \_\_\_\_\_  
Job Performance \_\_\_\_\_  
Supervisor \_\_\_\_\_ Date \_\_\_\_\_  
Dates of Unsuccessful Attempts to Verify #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_  
Unable to verify employment - reason \_\_\_\_\_  
Would you re-employ this person?  Yes  No  
Are you aware of any information that might affect this person's suitability for employment when he or she would come into direct contact with children?  Yes  No  
If yes, please give full details including any sources that could provide additional information \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Additional Comments:  
\_\_\_\_\_  
\_\_\_\_\_  
Completed by \_\_\_\_\_ Date \_\_\_\_\_

**Place of Employment #2** \_\_\_\_\_  
Address/City/State/Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Dates of Employment \_\_\_\_\_ to \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_ Contact Phone \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
\_\_\_\_\_  
Job Duties & Responsibilities \_\_\_\_\_

**OFFICE USE ONLY - REFERENCE VERIFICATION**

Job Title \_\_\_\_\_ Dates of Employment \_\_\_\_\_  
Job Performance \_\_\_\_\_  
Supervisor \_\_\_\_\_ Date \_\_\_\_\_  
Dates of Unsuccessful Attempts to Verify #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_  
Unable to verify employment - reason \_\_\_\_\_

**OFFICE USE ONLY - REFERENCE VERIFICATION CONTINUED**

Would you re-employ this person?     Yes     No

Are you aware of any information that might affect this person's suitability for employment when he or she would come into direct contact with children?     Yes     No

If yes, please give full details including any sources that could provide additional information \_\_\_\_\_

\_\_\_\_\_

Additional Comments:

\_\_\_\_\_

Completed by \_\_\_\_\_ Date \_\_\_\_\_

**Place of Employment #3** \_\_\_\_\_

Address/City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Dates of Employment \_\_\_\_\_ to \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_ Contact Phone \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

\_\_\_\_\_

Job Duties & Responsibilities \_\_\_\_\_

**OFFICE USE ONLY - REFERENCE VERIFICATION**

Job Title \_\_\_\_\_ Dates of Employment \_\_\_\_\_

Job Performance \_\_\_\_\_

Supervisor \_\_\_\_\_ Date \_\_\_\_\_

Dates of Unsuccessful Attempts to Verify #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_

Unable to verify employment - reason \_\_\_\_\_

Would you re-employ this person?     Yes     No

Are you aware of any information that might affect this person's suitability for employment when he or she would come into direct contact with children?     Yes     No

If yes, please give full details including any sources that could provide additional information \_\_\_\_\_

\_\_\_\_\_

Additional Comments:

\_\_\_\_\_

Completed by \_\_\_\_\_ Date \_\_\_\_\_

All employees of Crosspoint must be physically, emotionally, and mentally capable of fulfilling the duties normally performed in a childcare setting. These include but are not limited to lifting small children, participating in games and movement activities, preparing written lesson plans based on our curriculum, initiate age appropriate activities, and communicate effectively with children, parents, and staff members.

**Are you able to perform the essential function of the job with or without reasonable accommodation?**  Yes  No

If no, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I attest that all statements and information provided on this application for employment have been answered willingly and are both true and complete.

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