



Employment Application Form Palm Coast Community Child Center (Pc4)

DATE _____

Name _____

Last
First
Middle
Maiden

Present address _____

Number
Street
City
State
Zip

How long _____ Social Security No. _____ - _____ - _____

Driver's License No: _____ State Issued: _____

Home Phone: () _____ Cell Phone: () _____

Email Address: _____

If under 18, please list age _____

Position applied for (1) _____ Days/hours available to work
 and salary desired (2) _____
 (Be specific) No Pref _____ Thur _____
Mon _____ Fri _____
Tue _____ Sat _____
Wed _____ Sun _____

How many hours can you work weekly? _____ Can you work nights? _____

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME
 Substitute / On call

When available for work? _____

How did you learn about this position? _____

What would you like to be doing five years from now? _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

APPLICATION FOR EMPLOYMENT

DO YOU HAVE A DRIVER'S LICENSE? Yes No

What is your means of transportation to work? _____

Please list two references other than relatives or previous employers.

Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Address _____	Address _____
_____	_____
Telephone () _____	Telephone () _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? Yes No

Specialty _____ Date Entered _____ Discharge Date _____

Work Experience Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

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May we contact your present employer? Yes No

Did you complete this application yourself Yes No

If not, who did? _____

Please answer the following: (if you answer "Yes" to any of the following questions in this section, please attach a separate sheet indicating the nature of the suit, offense, date, court, and disposition or other appropriate explanation. A conviction record will not automatically be a bar to employment.

1. Are you presently being investigated or under a procedure to consider discharge for misconduct by your present employer?
 Yes No.
2. Has any employer ever subjected you to disciplinary action, suspended, terminated, or asked you to leave a job or volunteer position on the grounds of any unlawful sexual behavior, or violation of an employer's sexual misconduct or harassment policy? Yes No
3. Have you ever been charged in a civil or criminal proceeding with improprieties regarding children? Yes No
4. Have you ever entered a plea of guilty, a plea of "no contest" (nolo contendere), or has any court ever deferred further proceedings without entering a finding of guilty and placed you on probation or in a public service or education program for any crime other than a minor traffic offense? Yes No
5. Have you ever been suspended, discharged, or resigned in lieu of discharge from any position? Yes No
6. Have you ever had a license denied, revoked, or suspended in any state or jurisdiction, or been subject of a disciplinary action, or been fined while employed in a child care facility? Yes No ; If yes, please explain here (attach separate paper and/or documents if necessary):

7. Have you ever worked in a child care facility that has had a license denied, revoked or suspended in any state or jurisdiction?
 Yes No If yes, please explain here (attach separate paper and/or documents if necessary):

Personal Philosophy

Why do you wish to work in a Christian school?

What do you consider to be the proper classroom atmosphere for learning?

What is your philosophy of discipline? Your attitude toward physical punishment?

What is your Christian philosophy of education and how would you implement it in the classroom?

What areas do you feel are your strengths? Weaknesses?

PLEASE READ CAREFULLY

Palm Coast Community Child Center (Pc4) operates in compliance of Department of Children and Families sections: 402.310; 402.312, 402.319, 402.305. Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of "PC4" or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company. Both the undersigned and "PC4" may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize "Pc4" to thoroughly interview the primary references, or other individuals who know me and have knowledge regarding my testimony and work record. I also authorize Pc4 to thoroughly investigate any work records and evaluations, my educational preparation, and other matters related to my suitability for the position. I authorize references and my former employers to disclose to the school and all employment records, performance reviews, letters, reports and other information related to my life and employment, without giving me prior notice of such disclosure. In and all claims, demands, liabilities arising out of or in any way related to such investigation or disclosure. I waive the right to ever personally view any references given to the school.

Since I will be working with children:

1. I understand I must submit to a fingerprint check by the FBI and possibly other federal and state authorities. I agree to fully cooperate in providing and recording as many sets of my fingerprints as necessary for such an investigation.
2. I understand Pc4 will obtain proper DCF Required Documentation: Child Abuse and Neglect Form 5337, Federal Screening Form 5131, Local Screening Form 5131, Rescreening information form 5131, Good Moral Character Form 1649A and complete the required screenings per DCF.
3. Any conditional offer of employment may require that I undergo and pass a physical examination and/or substance abuse evaluation provided at the employer's expense, by a physician or approved by the employer.
4. I authorize the school to conduct a criminal records check. I understand and agree that any offer of employment that I may receive from the school is conditioned upon the receipt of background information, including criminal background information. The school may refuse employment or terminate conditional employment if the school deems any background information unfavorable or that it could reflect adversely on the school or on me as a Christian role model.
5. I understand "Pc4" is a Drug Free Workplace. I authorize the Company to perform pre-employment testing as well as testing after employment. I understand that if I refuse to be tested, or if the drug test results are positive for the use of illegal drugs, I will not be considered for employment
6. Federal I-9 Form including verification of right to work

I certify, acknowledge, understand and agree that all statements contained in this application (including attachments, if any) are true, correct and complete.

Applicants Signature

Date:

Background Check Information:

The information requested below is collected solely for the purpose of aiding the Company in running a background check in connection with your application for employment. The employer is requesting that you provide this information to assist in conducting a thorough background check.

First Name _____ Middle Name _____ Last Name _____

Date of Birth _____ (Month/Day/Year)

Enter any other names used (including maiden names):

First Name _____ Middle Name _____ Last Name _____

First Name _____ Middle Name _____ Last Name _____

Drug Free Workplace

PC4 Drug Free Workplace Consent Form for Pre-employment, random, or reasonable suspicion drug test screen and release covenant not to sue and indemnity agreement.

I hereby consent to allow the laboratory testing service to a urinalysis and/or other tests and submit for a pre-employment, random, or reasonable suspicion drug test screen. I further consent to allow the laboratory testing service to make te results of such screen available to the prospective or current employer, Palm Coast Community Child Center (Pc4).

In consideration for such services being rendered on my behalf, I hereby release the laboratory testing service, its officers, agents, and employees from any and all claims which I might otherwise have due to such results being made available and indemnify and save harmless.

- Your signature is consent to the drug test and to release the test results to company
- A positive test result will result in termination of employment or withdrawal of employment offer
- The refusal to consent and submit to any of these tests shall subject you to immediate termination.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

Applicants Signature **Date:**