



EMPLOYMENT APPLICATION

Today's Date:

| | |
|----------------|--|
| Full Name: | |
| Phone Number: | |
| Email: | |
| Date of Birth: | |
| Home Address: | |
| Last 4 of SSN: | |

Citizenship

- ☐ Check if you are a US Citizen
- ☐ Check if you are NOT a US Citizen
- ☐ Check if you have completed a I-9 document

Answer the following if you are not a US citizen:

- ☐ Check if you have a VISA to work in the US?

If yes, what kind of VISA classification? _____

VISA registration number: _____

VISA expiration date: _____

- ☐ Check if bond or security clearance has ever been denied/and or canceled?

If yes, please explain _____

Position Information and Availability

| | |
|------------------------------|--|
| Position Applying for | |
| Position Type | <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time |
| If PT Days Available | |
| Schedule Conflicts | |

Education

| Type | Name | Dates Attended | Diploma, Certificate, or Degree |
|-----------------|------|----------------|---------------------------------|
| High School | | | |
| Degree | | | |
| Collage Degree | | | |
| Master's Degree | | | |
| Other | | | |

Past Experience

- ☐ Check if you DO NOT HAVE experience with children
- ☐ Check if you have experience with children
- ☐ Check if you have experience with children with disabilities
- ☐ Check if you ever worked in a facility that has had a license denied, revoked, or suspended in any state or jurisdiction or has been the subject of a disciplinary action or been fined while employed in a child care facility. Please Explain: _____

List Most Recent Job First

| | |
|-------------------------------|---|
| Employer Name: | |
| Address: | |
| Employer Phone Number: | |
| Employer Email: | |
| Dates Employed: | TO |
| Position Title: | |
| Age of Children: | |
| Duties: | |
| Reason for Leaving: | |
| May We Contact: | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | |
|-------------------------------|---|
| Employer Name: | |
| Address: | |
| Employer Phone Number: | |
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| Position Title: | |
| Age of Children: | |
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| May We Contact: | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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| Reason for Leaving: | |
| May We Contact: | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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| Age of Children: | |
| Duties: | |
| Reason for Leaving: | |
| May We Contact: | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Do you have any children that need childcare while you are at work: ☐ Yes ☐ No

If Yes, Age of Child/Children: _____

If Yes, Name of Child/Children: _____

* Please note, while we do offer childcare benefits for our staff, enrollment is not guaranteed.

Background

Do we have your consent to do a background check with the state: ☐ Yes ☐ No

If not, please be aware that we will not hire as this is a requirement from the state.

Do you have a criminal background: ☐ Yes ☐ No

If yes, Explain _____

Have you ever been shown by creditable evidence, e.g., court order or jury, a department investigation or other reliable evidence to have abused, neglected or deprived a child or adult or to have subjected any person to serious injury as a result of intentional or grossly negligent misconduct? ☐ Yes ☐ No

If yes, Explain _____

Do you have a valid driver's license? ☐ Yes ☐ No

If yes, provide the license number: _____

Can you perform the essential function of the position you are applying for: ☐ Yes ☐ No

If NO, please explain: _____

Have you completed CPR and First-Aid training ☐ Yes ☐ No

Date of expiration for CPR and First-Aid Training: _____

Our state licensing department requires annual childcare training, are you willing to participate: ☐ Yes
☐ No

ACKNOWLEDGEMENT OF EMPLOYMENT APPLICATION

I hereby certify that all the information provided in this employment application is true and complete. I understand that false information or the omission of information may disqualify my candidacy and may be grounds for termination. I further understand that I am applying to a Drug Free Workplace and may be required to submit to testing for the presence of drugs as a condition for employment.

Signature of Applicant: _____

Date: _____

Signature of Employer: _____

Date: _____

Once completing Employment Application, please email to:

Okeechobee Location – Okee@LLPFL.com

Port St. Lucie Location – PSL@LLPFL.com