

POLK COUNTY SCHOOL READINESS COALITION, INC.
d/b/a EARLY LEARNING COALITION OF POLK COUNTY

DATE:

EMPLOYMENT APPLICATION

An Equal Opportunity Employer

LAST NAME		FIRST NAME		MIDDLE NAME		NAME YOU GO BY	
CURRENT MAILING ADDRESS	STREET		CITY		STATE	ZIP CODE	
SOCIAL SECURITY NUMBER			PERMANENT ADDRESS (If different from above)				
LOCAL PHONE NUMBER			OTHER PHONE NUMBERS WHERE YOU MAY BE CONTACTED			EMAIL ADDRESS	
DATE AVAILABLE TO START WORK		HAVE YOU EVER APPLIED FOR WORK WITH THE EARLY LEARNING COALITION? <input type="checkbox"/> No <input type="checkbox"/> Yes (When)				WERE YOU HIRED? <input type="checkbox"/> No <input type="checkbox"/> Yes	
The Early Learning Coalition hires only U.S. citizens and lawfully authorized alien workers. If a conditional offer of employment is made, you will be required to provide identification and proof of citizenship or authorization to work in the U.S. Are you a U.S. citizen or are you legally authorized to work in the U.S.? <input type="checkbox"/> No <input type="checkbox"/> Yes 							

WORK PREFERENCE

POSITION FOR WHICH YOU ARE APPLYING OR THE TYPE OF WORK IN WHICH YOU ARE INTERESTED		SALARY REQUIRED
ARE YOU INTERESTED IN <input type="checkbox"/> NON TEMPORARY EMPLOYMENT OR <input type="checkbox"/> TEMPORARY EMPLOYMENT		ARE YOU INTERESTED IN <input type="checkbox"/> FULL TIME EMPLOYMENT OR <input type="checkbox"/> PART TIME EMPLOYMENT
Do you have any geographic requirements: <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, explain		

EDUCATIONAL RECORD

HIGH SCHOOL NAME		CITY, STATE		GRADUATED <input type="checkbox"/> No <input type="checkbox"/> Yes	
HONORS RECEIVED INCLUDING SCHOLASTIC AND HONORARY ORGANIZATIONS TO WHICH YOU WERE ELECTED OR APPOINTED					
BUSINESS/VOCATIONAL-TECHNICAL SCHOOL NAME		COURSE OF STUDY		DEGREE OR CERTIFICATE	
HONORS RECEIVED INCLUDING SCHOLASTIC AND HONORARY ORGANIZATIONS TO WHICH YOU WERE ELECTED OR APPOINTED					
COLLEGE UNDERGRADUATE	COLLEGE NAME		CITY, STATE		
	COLLEGE NAME		CITY, STATE		
	MAJOR STUDY		MINOR STUDY	DEGREE	
	CUMULATIVE GRADE POINT AVG.		GPA IN MAJOR	HIGHEST POSSIBLE AVERAGE	
COLLEGE GRADUATE	COLLEGE NAME		CITY, STATE		
	MAJOR STUDY		MINOR STUDY	DEGREE	
	CUMULATIVE GRADE POINT AVG.		GPA IN MAJOR	HIGHEST POSSIBLE AVERAGE	
HONORS RECEIVED INCLUDING SCHOLASTIC AND HONORARY ORGANIZATIONS OR OFFICES TO WHICH YOU WERE ELECTED OR APPOINTED					
While attending college or vocational school, how many hours per week on the average, were you employed during the school year?				AVG NO OF HOURS WORKED	

WORK EXPERIENCE

List Most Recent First; Include any Paid, Unpaid or Military Experience

COMPANY NAME		JOB TITLE		PERIOD OF EMPLOYMENT	
ADDRESS		CITY	STATE	ZIP	FROM: _____ MONTH _____ YEAR
SUPERVISOR'S NAME		TELEPHONE NUMBER ()		REASON FOR LEAVING	
BRIEF JOB DESCRIPTION					
MAY WE CONTACT THIS EMPLOYER <input type="checkbox"/> Yes, Immediately <input type="checkbox"/> Yes, at a Later Date <input type="checkbox"/> No, Do Not Contact				AVERAGE NUMBER OF HOURS WORKED	
COMPANY NAME		JOB TITLE		PERIOD OF EMPLOYMENT	
ADDRESS		CITY	STATE	ZIP	FROM: _____ MONTH _____ YEAR
SUPERVISOR'S NAME		TELEPHONE NUMBER ()		REASON FOR LEAVING	
BRIEF JOB DESCRIPTION					
MAY WE CONTACT THIS EMPLOYER <input type="checkbox"/> Yes, Immediately <input type="checkbox"/> Yes, at a Later Date <input type="checkbox"/> No, Do Not Contact				AVERAGE NUMBER OF HOURS WORKED	
COMPANY NAME		JOB TITLE		PERIOD OF EMPLOYMENT	
ADDRESS		CITY	STATE	ZIP	FROM: _____ MONTH _____ YEAR
SUPERVISOR'S NAME		TELEPHONE NUMBER ()		REASON FOR LEAVING	
BRIEF JOB DESCRIPTION					
MAY WE CONTACT THIS EMPLOYER <input type="checkbox"/> Yes, Immediately <input type="checkbox"/> Yes, at a Later Date <input type="checkbox"/> No, Do Not Contact				AVERAGE NUMBER OF HOURS WORKED	
COMPANY NAME		JOB TITLE		PERIOD OF EMPLOYMENT	
ADDRESS		CITY	STATE	ZIP	FROM: _____ MONTH _____ YEAR
SUPERVISOR'S NAME		TELEPHONE NUMBER ()		REASON FOR LEAVING	
BRIEF JOB DESCRIPTION					
MAY WE CONTACT THIS EMPLOYER <input type="checkbox"/> Yes, Immediately <input type="checkbox"/> Yes, at a Later Date <input type="checkbox"/> No, Do Not Contact				AVERAGE NUMBER OF HOURS WORKED	

BACKGROUND INFORMATION

Have you ever been convicted of a felony or first degree misdemeanor? No Yes

If "yes", what charges? _____

Where? _____ Date of Conviction _____

Have you ever pled nolo contendere or pled guilty to a crime which is a felony or a first degree misdemeanor? No Yes

If "yes", what charges? _____

Where? _____ Date: _____

Have you ever had the adjudication of guilt withheld for a crime which is a felony or a first degree misdemeanor? No Yes

If "yes", what charges? _____

Where? _____ FULL TIME Part Time Date: _____

NOTE: A "YES" answer to these questions will not automatically bar you from employment. The nature, job-relatedness, severity, and date of the offense in relation to the position for which you are applying are considered.

I affirm that the above information is true and complete. I understand that any falsification, omission, misrepresentation, or concealment of information on this application, during interviews, or at any time during the hiring process shall be sufficient cause for denial of employment, revocation of an existing offer, or immediate discharge.

I hereby authorize my former employers, educational institutions, and references to furnish any information concerning my application for employment. I further authorize the Early Learning Coalition to contact my former employers, educational institutions, and references for the purpose of obtaining such information. In consideration of the Early Learning Coalition's review of this Application, I release the Early Learning Coalition and all providers of information from any liability as a result of furnishing and receiving such information.

I understand that an offer of employment may be contingent upon a successful completion of a criminal background check.

In consideration of my employment, I will agree to abide by all policies and regulations of the Coalition. I understand that my employment is "at will" and can be terminated at any time for any reason by me or the Early Learning Coalition. Any oral statements that contradict this employment "at will" relationship are disavowed by the Early Learning Coalition and should not be relied upon.

Signature _____

Date _____