



REM Learning Center South, Inc.

16400 S.W. 147 Avenue Miami, Florida 33187 (305) 235-0300
www.remlearningcenter.com

EMPLOYMENT APPLICATION

Please complete all the information requested below to the best of your knowledge.

NAME: _____ (As shown on Social Security Card).

ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

E-MAIL ADDRESS: _____

SOCIAL SECURITY NUMBER: ____ - ____ - ____ Date of Birth: _____

CITIZENSHIP: USA OTHER (please specify): _____

<u>UNIVERSITY OR COLLEGE</u>	<u># OF YEARS</u>	<u>CREDIT HOURS</u>	<u>DEGREE</u>	<u>YEAR</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Position for which you are applying: _____

Desired Salary to Start: _____ per Hour. Hours Preferred from _____ to _____

Additional Information:

Marital Status: _____ Spouse's Name: _____

Children's Names	Ages
_____	_____
_____	_____

Do you speak any foreign Languages? _____ Which one? _____

Do you have any Art or Music background? _____

Hobbies or Special Interests:

Employment Application Cont.

Employment History

Pursuant to s.402.302(13), Florida Statutes, child care personnel are subject to an employment history check as part of required background screening. Provide the following information about your previous employment:

- In chronological order (most recent job first)
- At least three (3) jobs, even if more than a two-year period
- If you have worked more than three jobs in the past two years, list all jobs within the past two (2) years.

1. Current or Most Recent Employment

Place of Employment: _____ Phone: _____

Address: _____ City: _____ State: _____

Dates of Employment: From: _____ until _____ Position Held: _____
month/year month/year

Supervisor: _____ Phone: _____

Reason for Leaving: _____

Describe Job Duties: _____

FOR OFFICIAL USE ONLY (to be completed by Director) **Verified By:** _____

Person Contacted: _____ Title: _____

Working Relationship to Applicant: _____ Date of Contact: _____

If unable to contact employment reference, please state reason: _____

1. Verify reported dates of employment: Correct Incorrect
2. Verify reported position held: Correct Incorrect
3. Verify reported duties: Correct Incorrect
4. Verify reported reason for leaving: Correct Incorrect
5. Is the reference aware of any information that might affect this individual's suitability for employment in a position where he or she would have direct contact with children/children's records? Yes No
6. If the reference answered YES to the previous question, please ask them to explain: _____

2. Current or Most Recent Employment

Place of Employment: _____ Phone: _____
Address: _____ City: _____ State: _____
Dates of Employment: From: _____ until _____ Position Held: _____
month/year month/year
Supervisor: _____ Phone: _____
Reason for Leaving: _____
Describe Job Duties: _____

FOR OFFICIAL USE ONLY (to be completed by Director) **Verified By:** _____

Person Contacted: _____ Title: _____
Working Relationship to Applicant: _____ Date of Contact: _____
If unable to contact employment reference, please state reason: _____

- 1. Verify reported dates of employment: Correct Incorrect
- 2. Verify reported position held: Correct Incorrect
- 3. Verify reported duties: Correct Incorrect
- 4. Verify reported reason for leaving: Correct Incorrect
- 5. Is the reference aware of any information that might affect this individual's suitability for employment in a position where he or she would have direct contact with children/children's records? Yes No
- 6. If the reference answered YES to the previous question, please ask them to explain: _____

3. Current or Most Recent Employment

Place of Employment: _____ Phone: _____
Address: _____ City: _____ State: _____
Dates of Employment: From: _____ until _____ Position Held: _____
month/year month/year
Supervisor: _____ Phone: _____
Reason for Leaving: _____
Describe Job Duties: _____

FOR OFFICIAL USE ONLY (to be completed by Director) **Verified By:** _____

Person Contacted: _____ Title: _____
Working Relationship to Applicant: _____ Date of Contact: _____
If unable to contact employment reference, please state reason: _____

- 1. Verify reported dates of employment: Correct Incorrect
- 2. Verify reported position held: Correct Incorrect
- 3. Verify reported duties: Correct Incorrect
- 4. Verify reported reason for leaving: Correct Incorrect
- 5. Is the reference aware of any information that might affect this individual's suitability for employment in a position where he or she would have direct contact with children/children's records? Yes No
- 6. If the reference answered YES to the previous question, please ask them to explain: _____

Please answer the following questions:

1. 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**

2. While employed in a child care program, have you ever been the subject of disciplinary action, or been the part responsible for a child care facility receiving an administrative fine or other disciplinary action? **Yes** **No**

If Yes, please explain: _____

Section 402.3055(1)(b), Florida Statutes

"The child care facility employer shall require that the application for a child care personnel position contain a question that specifically asks the applicant if he or she has 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. The applicant shall attest to the accuracy of the information requested under penalty of perjury. If the applicant admits that he or she has been a party in such action, the employer shall review the nature of the denial, suspension, revocation, disciplinary action, or fine before the applicant is hired."

I _____ attest, under penalty of perjury, that I have
(Please print full name)
never worked in a facility that has had a license denied, revoked, or suspended in any state or jurisdiction or been the subject of a disciplinary action or been fined while employed in a child care facility.

Please explain if you are unable to attest to the above
Reason: _____

Please state a brief summary of your feelings of education:

Do you have any objections to working with the handicapped? _____

I hereby certify that all the above information is true and correct to the best of my knowledge.

Signature **Print Name** **Date**

REM Learning Center has been actively involved in Equal Employment Opportunity Program. This Program provides individuals with equal opportunity in all aspects of employment without regard to race, color, marital status, religion, sex, age, national origin, disability, or because an individual is a veteran or disabled veteran, and to provide a work environment free of sexual or any type of harassment.