



# 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: \_\_\_\_\_

<b>Children's Names</b>	<b>Ages</b>
_____	_____
_____	_____

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.

<b>1. Current or Most Recent Employment</b>	
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: _____	
_____	

<b>FOR OFFICIAL USE ONLY (to be completed by Director)</b>	<b>Verified By:</b> _____
Person Contacted: _____	Title: _____
Working Relationship to Applicant: _____	Date of Contact: _____
<i>If unable to contact employment reference, please state reason:</i> _____	
1. Verify reported dates of employment:    Correct <input type="checkbox"/> Incorrect <input type="checkbox"/>	
2. Verify reported position held:            Correct <input type="checkbox"/> Incorrect <input type="checkbox"/>	
3. Verify reported duties:                    Correct <input type="checkbox"/> Incorrect <input type="checkbox"/>	
4. Verify reported reason for leaving:      Correct <input type="checkbox"/> Incorrect <input type="checkbox"/>	
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 <input type="checkbox"/> No <input type="checkbox"/>	
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.