

APPLICATION FOR EMPLOYMENT

Date:	Social Security #:						
Name: Last	First		Middle				
Address: Street	City		State	Zip			
Phone #:	DOB:	Email:					
Can you, after employme Yes No	nt, submit verification of yc o	our legal right to	work in the	United States?			
Namo:	EMERGENCY CONT		-				
	Address:	·					
EMPLOYMENT DESIRED Position:							
Date you can start:	Have you applied to th	is Company bef	ore?				
Are you employed now?_	If so, may we	inquire of your p	present emp	bloyer?			
EDUCATION Name and Location of School; No. of Years Attended; Subjects Studied							
High School							
College							
Trade/Business							
registered to prov	wing questions: Id a child care license with vide child care in your hom	e? Yes	No				

 Have you ever worked for a facility that has had their license denied, revoked or suspended in any state or jurisdiction or have you ever been the subject of a disciplinary action or been fined while employed in a child care facility? _____ Yes _____ No

If yes, please explain:



3.	Have you been	convicted	of a felony	or misdemeano	r (including	child abuse-r	elated or	sex-
	related)?	Yes	No					

A Conviction does not automatically disqualify you for employment.

	GEN	IERAL		
Subjects of specia	al study or research work			
U.S. Military or Na	aval Service Ra	ank		
Date (Month and Year)	FORMER E (List below all employers from Name and Phone No. of Employer	MPLOYERS the past 5 years (at a Salary		Reason for Leaving
Give the names of 3 p you:	REFER ersons, not related to you, who would be	RENCES willing to provide profession	onal and/or character r	references for
Name	Phone	Business	Years Acquair	nted
1				
2				
З				

I understand that the organization may contact my previous employers and I authorize those employers to disclose to the organization all records and other information pertinent to my employment with them. I release my previous employers from any liability as a result of their disclosure of information about me to the organization. I also authorize the organization to provide truthful information concerning my employment with it to my future prospective employers and I agree to hold it harmless for providing such information. By signing this application, I certify that all of the information I provide on this application and in any interview will be true, complete, and accurate. I understand that if I am employed and any such information is later found to be false or misleading in any respect, I will be dismissed.

Signature: _____



IMPACT Preschool, IMPACT Therapy and IMPACT Academy and all associated programs affirms that no person, on the basis of gender, marital status, sexual orientation, race, religion, national origin, veteran status, pregnancy, age or disability, be denied receipt of services, participation in school activities, admissions policies, scholarship opportunities, or access to programs if qualified to receive such services. PPCC, PPTS and PPDC believe that every student/patient has a right to attend a school where all students and adults are treated equitably without regard to race, color, religion, national origin, age, sex, sexual orientation, marital status, disability, perceived disability, or record of disability. IMPACT Preschool, Therapy and Academy are a drug free workplace.

Send Completed application to Human Resources.

Fax:

850.325.6302

Email: Cyndi.ranallo@IMPACTtlh.org

Mail:

Attention: Human Resources 1725 Hermitage Blvd. Tallahassee, Florida 32308

Drafted 05/16/2021