



5820 DANIELS PARKWAY
 FORT MYERS, FL 33912
 (239) 482-7315

APPLICATION *for* EMPLOYMENT

Position applied for: _____

Date of application ____/____/____

GENERAL INFORMATION

Name: _____
 Last First Middle

Address: _____
 Street City State Zip

Phone Number: _____ Alt Phone Number: _____

Email: _____ Date of Birth: ____/____/____

Can you legally work in the U.S.? YES / NO
 (Proof of citizenship or immigration status will be required upon employment.)

Have you ever been arrested? YES / NO
 If yes, please explain: _____

Have you ever been convicted of a crime in the past? YES / NO
 If yes, please state the nature of the offense, where the offence occurred, dare, and sentence imposed: _____

EDUCATION

Name & Location of School	Date Attended	Did you graduate?	Major
<i>High School</i>		Y / N	
<i>College/University</i>		Y / N	
<i>Trade School/Further Education</i>		Y / N	

CHILDCARE WORK EXPERIENCE

	Years of Experience	Date	Name & Location of School
Ages 2-3 Years Old			
Ages 4 Years Old / VPK			
Ages 5-12 Years Old			

Describe your experience: _____

List other certifications, licenses, or training: _____

Have you ever held a childcare license with the Florida Department of Children & Families (DCF)? YES / NO

Have you ever been licensed in another state or been registered to provide childcare in your home? YES / NO

If yes, please identify where, when, and the type of license was held for: _____

While employed in a childcare program, have you ever been the subject of disciplinary action or been the party responsible for a childcare facility receiving an administrative fine? YES / NO

If yes, please explain: _____

AVAILABILITY

Available Start Date:		Part Time / Full Time <i>(circle one)</i>		
Available Hours to Work: <i>(average work day is between 7:30AM -5:30PM)</i>				
Monday:	Tuesday:	Wednesday:	Thursday:	Friday:



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EMPLOYMENT HISTORY

List any jobs you have held during the past 5 years.

Name:			
Address:			
<i>Dates of Employment</i>	<i>Name of Supervisor & Contact number</i>	<i>Position Held</i>	<i>Reason for Leaving</i>

Name:			
Address:			
<i>Dates of Employment</i>	<i>Name of Supervisor & Contact number</i>	<i>Position Held</i>	<i>Reason for Leaving</i>

Name:			
Address:			
<i>Dates of Employment</i>	<i>Name of Supervisor & Contact number</i>	<i>Position Held</i>	<i>Reason for Leaving</i>

Name:			
Address:			
<i>Dates of Employment</i>	<i>Name of Supervisor & Contact number</i>	<i>Position Held</i>	<i>Reason for Leaving</i>

Describe what you feel most qualifies you for this position: _____

Describe your professional goals: _____

REFERENCES

Name:
Contact number:
Years Acquainted:
Relationship to Reference:

Name:
Contact number:
Years Acquainted:
Relationship to Reference:

Name:
Contact number:
Years Acquainted:
Relationship to Reference:

Crown of Life Christian Academy (CoLCA) is a non-profit organization and is a ministry of Crown of Life Lutheran Church. CoLCA does not provide unemployment pay.