



# First United Methodist School Employment Application

Instructions: All information on this application must be truthful and correct. Falsification or misrepresentation on the application is cause for immediate dismissal. Please print all information.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Other names under which records may be listed: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Citizenship: \_\_\_\_\_

D.O.B.: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

### Emergency Contact Information:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Position for which you are applying: \_\_\_\_\_

Age Group or Class Preferred:     Wee School     3 Year olds     VPK

What states have you lived in the last 5 years, list states and years: \_\_\_\_\_

## EDUCATIONAL AND PROFESSIONAL TRAINING

Name of School	City and State	Degree(s)	Major
High School or where GED received			
College or University			
Technical or Business			
Other			

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

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: \_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT HISTORY (answer all questions for each employer listed)**

Beginning with your current or most recent job, list all, paid or unpaid, work experience during the last 10 years (or longer if pertinent to the position applied for) including military experience. Explain any gaps in your work experience that exceed six months. If more space is needed, additional sheets may be attached. If you worked under a different name, please indicate that name.

Employer Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Position or Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Part-time \_\_\_\_ Full-time \_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact this employer for a work reference? Yes No

If no, please explain: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Position or Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Part-time \_\_\_\_ Full-time \_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact this employer for a work reference? Yes No

If no, please explain: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Position or Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Part-time \_\_\_\_ Full-time \_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact this employer for a work reference? Yes No

If no, please explain: \_\_\_\_\_

Indicate certificates, training, and/or skills which are applicable to the position you desire:

\_\_\_\_\_  
\_\_\_\_\_

**PROFESSIONAL REFERENCES**

Individuals who can provide job related reference information

1. Name of Reference \_\_\_\_\_ Address \_\_\_\_\_

Company/Occupation \_\_\_\_\_

Current Phone \_\_\_\_\_ Working Relationship \_\_\_\_\_

2. Name of Reference \_\_\_\_\_ Address \_\_\_\_\_

Company/Occupation \_\_\_\_\_

Current Phone \_\_\_\_\_ Working Relationship \_\_\_\_\_

\_\_\_\_\_

## HEALTH QUESTIONNAIRE

Identify any medical condition which could pose a safety risk to you, your colleagues, or your students. The medical details you disclose on this form remain confidential and will not be disclosed to anyone else without your explicit consent. It is important that you give a true and full account of any medical problems. *If the answer to any of the following questions is "Yes" please give details*

Health Question	Yes	No	If Yes give details with dates here:
Do you have any illness, impairment, disability (physical or psychological) which may affect your work?			
Have you ever had any illness, impairment or disability which may have been caused or made worse by your work?			<i>(Please also give details if a considerable amount of time was taken off work / school (i.e. longer than 3 months).</i>
Do you have any allergies which may be made worse by work e.g. latex?			

Before signing this declaration please ensure you have answered all the questions as instructed providing further details as required. Please ensure the consent form is also signed and fully completed.

1. I hereby agree to inform FUMS of any changes in my health which may affect my ability to work.
2. I acknowledge that my personal details may be stored both electronically and manually by FUMS.
3. I declare that the information provided by me in this entire form is true and complete to the best of my knowledge and belief.

I  
 s there anything in your medical history (physical or mental) that might prevent you from doing this job? Describe your present health condition: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



### CONFIDENTIALITY AGREEMENT

This is to certify that I, \_\_\_\_\_ of First United Methodist School agree to protect the confidentiality of child and family information.

Information associated with the School Readiness Program shall only be made available in accordance with the restrictions of s.1002.97.F.S. Accordingly, to the extent that PROVIDER receives school readiness records in order to carry out its official functions, PROVIDER must maintain and protect the data as required in s.1002.97.F.S.

Individuals and organizations eligible to receive records include PROVIDER, the parent, COALITION, Office of Early Learning, and other entities identified in s.1002.97.F.S.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

