



Hopewell Preschool Academy
900 NW 15th Street
Pompano Beach, Florida 33060
(954) 943-1766

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Previous Employment

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

ADDITIONAL INFORMATION

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize and additional information necessary to describe your full qualifications for the specific position for which you are applying. Also, use this section to expand any statements made in other sections of this application form. Attach additional sheets if necessary.

Hopewell Preschool Academy Contact Information Form

Name: _____ Social Security No. _____

Address: _____

Phone No. _____ Date of Birth _____

Marital Status: MARRIED ___ SINGLE ___ WIDOW ___ DIVORCED ___

IN CASE OF EMERGENCY, WHOM SHOULD WE NOTIFY?

Name: _____ Relationship _____

Address: _____ Phone NO. _____

DO YOU CURRENTLY HAVE A HOSPITALIZATION PLAN? YES ___ NO ___

IF YES, PLEASE LIST CARRIERS NAME _____

PRIMARY PHYSICIAN NAME: _____ PHONE _____

HOSPITAL PREFERENCE: _____



ANY OTHER INFORMATION YOU MAY FEEL IS NECESSARY IN CASE OF A MEDICAL EMERGENCY
(MEDICATION, TREATMENT OR SPECIFIC ILLNESS, ETC.)

DO YOU HAVE ANY HEALTH OR PHYSICAL CONDITIONS THAT MIGHT IMPAIR OR RESTRICT YOUR ABILITY TO PERFORM YOUR JOB AND ITS RELATED FUNCTIONS? YES ___ NO ___ if yes, please give a brief description:

ALL INFORMATION IS CONFIDENTIAL

NOTE: HOPEWELL MISSIONARY BAPTIST CHURCH ENDEAVORS TO COMPLY WITH ALL EMPLOYMENT GUIDELINES ESTABLISHED BY THE ADA AND DOES NOT DISCRIMINATE BASED ON PHYSICAL HANDICAP.

DID YOU COMPLETE THIS FORM YOURSELF? YES ___ NO ___ IF NO, PLEASE GIVE THE NAME AND ADDRESS OF THE PERSON BY WHOM THIS FORM WAS COMPLETED.

I SWEAR/AFFIRM THAT ALL ANSWERS AND INFORMATION GIVEN ON THE FORM ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE,

EMPLOYEE SIGNATURE

DATE

APPLICATION FOR EMPLOYMENT IN A CHILD CARE FACILITY

Instructions: All information on this application must be truthful and current.
Falsification or misrepresentation on the application is cause for dismissal.

Emergency Contact Information:

Name:

Relationship:

Address:

Phone Number:

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__ or 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 actions?

Yes____ or No____