

# EMPLOYMENT & VOLUNTEER APPLICATION



**515 Ave I N.W Winter Haven, FL 33881**

**Phone: (863) 292-8200**

**Website: [ChildrensDayAcademy.com](http://ChildrensDayAcademy.com)**

**Email: [Admin@childrensdayacademy.com](mailto:Admin@childrensdayacademy.com)**

**Regular Hours: Monday-Friday 6:00AM-6:00PM**

**Extended Hours Available Upon Request**

## Director's Use Only:

Date Submitted:	Time:	Position:
Director Proceed + or - Interview:		Date Hired:

Full Name:	Home Ph:	Cell Ph:
Current Address:	DOB:	
Soc. Sec. #:	Driver's Lic#:	Email:

Thank you for choosing CHILDREN'S DAY ACADEMY in your career path. We are dedicated to hiring professionals who are energetic, motivated, and possess integrity. CHILDREN'S DAY ACADEMY is an Equal Opportunity Employer.

Applicants must show an understanding and intent to meet the following requirements for employment by *initialing each item below.*

- \_\_\_ High School Graduate or G.E.D recipient
- \_\_\_ Negative TB Test and will provide current medical documentation
- \_\_\_ Will provide all necessary documents for work (SSC, ID, Birth Certificate, Resident Card, etc.)
- \_\_\_ Will complete DCF Child Care education requirements within allotted time frame
- \_\_\_ Will submit to drug and alcohol testing as required/requested
- \_\_\_ Will complete an FBI criminal background check
- \_\_\_ Will complete a Child Maltreatment Central Registry check
- \_\_\_ Physically able to safely supervise young children and perform necessary job functions
- \_\_\_ Will maintain professional appearance and conduct at all times
- \_\_\_ Will maintain good moral conduct outside the facility and social media site

GENERAL INFORMATION

Employment Desired: \_\_\_ Full-time only    \_\_\_ Part time only    \_\_\_ Full or Part time    \_\_\_ On Call

Position Desired: \_\_\_\_\_

Hourly Rate Desired: \_\_\_\_\_

Hours available: Mon: \_\_\_\_\_ Tues: \_\_\_\_\_ Wed: \_\_\_\_\_ Thurs: \_\_\_\_\_ Fri: \_\_\_\_\_

Are you seeking temporary or permanent work? \_\_\_\_\_

3 PERSONAL REFERENCES (do not list family or previous employers)

Name	Address	Phone Number	Relationship (i.e. Coworker, friend)

EMPLOYMENT HISTORY (begin with most recent, may use back page)

Begin/End Date	Begin/End Salary	Employer/Address	Employer Phone #:	Your title and duties	Reason for leaving

OFFENSES – Criminal background checks will be conducted on all applicants.

Have you ever pled guilty, no contest or been convicted of any criminal offense? If yes, explain: \_\_\_\_\_

Has a report of child maltreatment ever been made against you? If yes, explain: \_\_\_\_\_

Has a court ever denied parental, custodial, or visitation rights because of neglect or abuse of a child? If yes, explain: \_\_\_\_\_

Have you ever worked in a child center or family childcare center that received a DCF violation? If yes, explain: \_\_\_\_\_

While employed in a childcare program, have you ever been the subject of disciplinary action or been responsible for a child care facility receiving an administrative or disciplinary action? If yes, explain: \_\_\_\_\_

\_\_\_\_\_

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. What are your career goals and objectives?

\_\_\_\_\_

\_\_\_\_\_

2. What can you contribute to Children's Day Academy team?

\_\_\_\_\_

\_\_\_\_\_

3. Define PROFESSIONAL CONDUCT. How does it apply to a child care program?

\_\_\_\_\_

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4. Define CUSTOMER SERVICE and how it relates to a child care program?

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5. Describe your position on guidance as it relates to 3-year-old children arguing over a toy.

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An application form sometimes makes it difficult to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

I hereby certify that all information contained in this application is true and correct. I understand that any misrepresentation, falsification, or consequential omission of information may render this application void, or if employed may result in immediate termination. I further consent and agree to submit to any job related medical exams or drug tests that might be required and agree to provide any information that may be needed to facilitate such tests. I authorize the individuals and institutions named above to give information regarding my employment, character, and qualification, hereby releasing them from all liability for issuing such information.

Printed name/Signature of Applicant

Date