



# EMPLOYMENT APPLICATION

First Name, Middle Initial, Last Name <i>(List any other names you have used)</i>						
Address			City, State and Zip Code			
House Phone _____		Employment Eligibility Are you eligible to work in the U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO		Are you at least 18 years of age or older? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Cell Phone _____						
Personal Email: _____						
Have you ever worked in the childcare industry in the State of Florida before?				<input type="checkbox"/> No	<input type="checkbox"/> Yes	
If YES, did you complete the mandatory DCF training hours?				<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Have you ever been convicted of a crime involving child abuse or neglect?				<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Have you ever worked in a childcare facility that has had a license denied, revoked or suspended?				<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Have you ever worked in a childcare facility that has had a disciplinary action or a fine?				<input type="checkbox"/> No	<input type="checkbox"/> Yes	
<b>GENERAL INFORMATION</b>						
Have you been employed by RCMA in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, what years? _____ What title? _____						
If applying for a position that requires you to drive, are you eligible to drive a motor vehicle? <input type="checkbox"/> No <input type="checkbox"/> Yes			Position you are applying for now: _____			
Are you related by blood or marriage to anyone currently working at RCMA? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please list below.						
Name		Relationship		Office or Center		
<b>EDUCATION</b> – Circle highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12 GED College/Univ 1 2 3 4 + _ _						
School	Name and Location	Dates Attended (MM/YYYY)		Did you Graduate?	Major/Minor	Degree Received
		From	To			
High School				YES NO	X	
College or University				YES NO		
Graduate or Professional				YES NO		
Other				YES NO		
<b>REFERENCES</b> – List the names and phone numbers of three individuals who are NOT relatives or personal friends, who know about your work experience and/or education.						
Name			Phone Number			
1. _____						
2. _____						
3. _____						
<b>WORK HISTORY</b> – Florida law requires that we contact <u>all</u> your employers for the past 5 years. List all your employers, starting with your current or most recent and going back 5 years from today.						
1. Current or Most Recent Employer		Address		If currently employed, may we contact your current employer? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Your Job Title		Supervisor's Name	Telephone Number			
Date Hired (MM/YYYY)		Date Terminated (MM/YYYY)	Starting Salary \$ _____ per	Ending/Current Salary \$ _____ per		
Reason for Leaving		Job Duties				

2. Previous Employer		Address		Applicant's Name:
Your Job Title		Supervisor's Name	Supervisor's Telephone	Employer's Telephone Number
Date Hired (MM/YYYY)	Date Terminated (MM/YYYY)	Starting Salary \$ per	Ending/Current Salary \$ per	
Reason for Leaving		Job Duties		

3. Previous Employer		Address		
Your Job Title		Supervisor's Name	Supervisor's Telephone	Employer's Telephone Number
Date Hired (MM/YYYY)	Date Terminated (MM/YYYY)	Starting Salary \$ per	Ending Salary \$ per	
Reason for Leaving		Job Duties		

4. Previous Employer		Address		
Your Job Title		Supervisor's Name	Supervisor's Telephone	Employer's Telephone Number
Date Hired (MM/YYYY)	Date Terminated (MM/YYYY)	Starting Salary \$ per	Ending Salary \$ per	
Reason for Leaving		Job Duties		

5. Previous Employer		Address		
Your Job Title		Supervisor's Name	Supervisor's Telephone	Employer's Telephone Number
Date Hired (MM/YYYY)	Date Terminated (MM/YYYY)	Starting Salary \$ per	Ending Salary \$ per	
Reason for Leaving		Job Duties		

Please explain any gaps of employment in the last 5 years:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**RESIDENCE HISTORY** List all dates of residency and the states, territories, countries you have lived in during the past 5 years:

From _____ to _____ State _____				
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I certify that all answers given are true and complete to the best of my knowledge. I authorize investigation of all statements in this application for employment as necessary in making an employment decision. I understand that if selected, actual hire is contingent on clearing background screening as required by Florida law. Background screening includes character references, checking previous employers, fingerprinting, and criminal/abuse records checks. I understand that false or misleading information in my application or interview(s) may result in termination. If the job I am applying for requires me to drive for RCMA business, a motor vehicle record (MVR) will be obtained to ensure I am eligible and safe to drive. **My signature below acknowledges all above and authorizes RCMA to conduct the MVR check.**

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

*RCMA considers applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, marital or veteran status, or any other legally protected status. RCMA is a drug free work place. Any employee is subject to drug and alcohol testing at any time.*