



APPLICATION FOR EMPLOYMENT

The Early Learning Coalition of Pasco and Hernando Counties, Inc. (PHELIC) is an Equal Opportunity Employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, pregnancy, national origin, ancestry, age, marital status, veteran status, sexual orientation, gender identity, or the presence of a non-job related medical condition or disability (mental or physical), or any other characteristic protected by law.

PLEASE PRINT

Incomplete information could disqualify you from further consideration for employment.

Please complete all areas and do not write “refer to resume”, “please see resume”, or “reference attached documentation”.

Position for which you are applying: _____

Date: _____

Last Name First Name M. I.

Street Address City State Zip Code

Telephone/Cell Number E-mail Address

If hired, are you able to provide proof of eligibility to work in the U.S.? Yes No
(Proof of citizenship/immigration status and identity is required upon hire.)

Date available for work: ____/____/____ Desired salary range: _____ Per _____

Are you able to perform the essential functions of the position you are applying for, with or without reasonable accommodation(s)? Yes No

Are you able to work evenings and/or weekends, should this be a requirement of the position?
 Yes No

Do you have reliable transportation? Yes No

Have you been convicted of or received a sentence for a crime other than a minor traffic violation? (*Conviction will not necessarily disqualify an applicant from employment.*)

____ Yes ____ No

If yes, please explain:

Are you currently employed? ____ Yes ____ No

If yes, may we contact your present employer? _____

Do you know anyone who works for the PHELC? ____ Yes ____ No

If yes, who? _____

EDUCATION

Name and Location	Number of Years Completed	Course of Study Major/Degree
High School:		
Vocational/Technical College:		
Undergraduate College:		
Graduate/Professional:		

Skills and Qualifications:

Summarize training, skills, licenses, and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying. Include any special skills such as job-related military training.

Foreign Languages:

Which foreign language(s), if any, do you speak, read and/or write?

List Professional, trade, business or civic activities and offices held:

(You may exclude memberships which would reveal gender, race, religion, national origin, age, ancestry, or disability or other legally protected status.)

REFERENCES

Name	City/State	Telephone	Type	# of Years Known
			<input type="checkbox"/> Professional <input type="checkbox"/> Personal	
			<input type="checkbox"/> Professional <input type="checkbox"/> Personal	
			<input type="checkbox"/> Professional <input type="checkbox"/> Personal	
			<input type="checkbox"/> Professional <input type="checkbox"/> Personal	

EMPLOYMENT EXPERIENCE

Begin with your present or most current position. Include any job-related military service assignments.

Employer:	May we contact as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later
Address:	Telephone:
Immediate Supervisor Name/Title:	Starting Job Title: Final Job Title:
Summarize the nature of work performed and job responsibilities:	
Hourly rate/salary: Start \$ _____ Per _____ Final \$ _____ Per _____	Reason for Leaving: <input type="checkbox"/> Resignation <input type="checkbox"/> Termination <input type="checkbox"/> Other

Employer:	May we contact as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later
Address:	Telephone:
Immediate Supervisor Name/Title:	Starting Job Title: Final Job Title:
Summarize the nature of work performed and job responsibilities:	
Hourly rate/salary: Start \$ _____ Per _____ Final \$ _____ Per _____	Reason for Leaving: <input type="checkbox"/> Resignation <input type="checkbox"/> Termination <input type="checkbox"/> Other

Employer:	May we contact as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later
Address:	Telephone:
Immediate Supervisor Name/Title:	Starting Job Title: Final Job Title:
Summarize the nature of work performed and job responsibilities:	
Hourly rate/salary: Start \$ _____ Per _____ Final \$ _____ Per _____	Reason for Leaving: <input type="checkbox"/> Resignation <input type="checkbox"/> Termination <input type="checkbox"/> Other

Employer:	May we contact as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later
Address:	Telephone:
Immediate Supervisor Name/Title:	Starting Job Title: Final Job Title:
Summarize the nature of work performed and job responsibilities:	
Hourly rate/salary: Start \$ _____ Per _____ Final \$ _____ Per _____	Reason for Leaving: <input type="checkbox"/> Resignation <input type="checkbox"/> Termination <input type="checkbox"/> Other

Please read carefully before signing:

The Early Learning Coalition of Pasco and Hernando Counties, Inc. is an equal opportunity employer. The Coalition does not discriminate in employment because of race, color, religion, sex, pregnancy, national origin, ancestry, age, marital status, veteran status, sexual orientation, gender identity, or the presence of a non-job related medical condition or disability (mental or physical), or any other characteristic protected by law.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for the Coalition to hire me. If I am hired, I understand that either the Coalition or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of the Coalition has the authority to make any assurance to the contrary.

I attest with my signature below that I have given the Coalition true and complete information on this application, and that no requested information has been concealed. I authorize the Coalition to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for denial of employment or immediate dismissal.

Applicant Name (Print)

Applicant Signature

Date

A Summary of Your Rights Under the Fair Credit Reporting Act

The Federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every “consumer reporting agency” (CRA). Most CRA’s are credit bureaus that gather and sell information about you – such as if you pay your bills on time or have filed bankruptcy – to creditor, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission’s web site: <http://www.ftc.gov> The FCRA gives you specific rights. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

Authorization to Obtain Consumer Credit Report

Certain positions within the PHELC require additional reporting information on perspective employees including, but not limited to, a credit report. Should you be notified by the PHELC that a credit report would like to be obtained in connection with possible employment, please see below.

I have been notified that the Early Learning Coalition of Pasco and Hernando Counties, Inc. would like to obtain my consumer credit report in connection with my application for employment. I authorize the Early Learning Coalition of Pasco and Hernando Counties, Inc. to obtain such a report and release the Early Learning Coalition of Pasco and Hernando Counties, Inc. from any liability connected with obtaining such a report.

Applicant’s Name (Print)

Applicant’s Signature

Date