

Creative Times Academy

26031 County Line Road
Wesley Chapel, FL 33544
(813) 907-2700



Application for Employment

(Applicants may be tested for illegal drugs)

Please print all information requested except signature. Complete ALL Sections.

Name: _____
Last First MI Social Security Number

Address: _____
Street Address City State Zip

Home Number: _____ Cell Number: _____ E-mail Address _____

Position Desired: _____
(include ages you would like to work with and the hours you would prefer)

Is there anything that could limit you from performing the duties required for this job? Yes No

Education History:	Name and address of school	Major	Year Graduated	Degree
High School	_____	_____	_____	_____
College/Other	_____	_____	_____	_____

Credentials or Certificates Held: List courses of study or training earned in Early Childhood Education, Child Development, and Elementary Education:

Special skills or talents: _____

Why would you like to have this position: _____

What do you feel most qualifies you for this position? _____

Have you ever been convicted of a crime? Yes _____ No _____ (excls: minor traffic violations not over \$50; an offense that was settled in juvenile court)
Details: _____

Do you have a driver's license: ___ Yes ___ No Drivers License # _____ exp. date _____

What is your means of transportation to work? _____

Please answer the following question:

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** _____ **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 action? _____ **Yes** _____ **No**

If yes, please explain:

Employment History: Start with present or last position. List last 5 years, attach additional sheets if needed

1. Dates employed: From _____ To _____ Reason for leaving _____

Name and Address of Employer: _____

Position & Duties: _____ Salary _____

2. Dates employed: From _____ To _____ Reason for leaving _____

Name and Address of Employer: _____

Position & Duties: _____ Salary _____

3. Dates employed: From _____ To _____ Reason for leaving _____

Name and Address of Employer: _____

Position & Duties: _____ Salary _____

References: (Whom you have known at least one year, excludes relatives and former employers)

1. Name: _____ Phone: _____

Address: _____ Occupation: _____

2. Name: _____ Phone: _____

Address: _____ Occupation: _____

3. Name: _____ Phone: _____

Address: _____ Occupation: _____

I am aware that any omissions, falsifications, misstatements, or misrepresentations above may disqualify me for employment consideration and, and if I am hired, may be grounds for termination at a later date. I understand that any information I give may be investigated as allowed be law. I consent to the release of information about my ability, employment history, and fitness for employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel staff, and other authorized employees of CTA for employment purposes. This consent shall continue to be effective during my employment if I am hired. I certify that to the best of my knowledge and belief all of the statements contained herein and on any attachments are true, correct, complete, and made in good faith. I also certify that I have never been under investigation for sexual abuse or molestation allegations.



PRIVACY POLICY ACKNOWLEDGEMENT FORM: I acknowledge that I have received a copy of the privacy policies from the Florida Department of Law Enforcement and the Federal Bureau of Investigation, which describe the exchange of information where criminal record results will become part of the Care Provider Background Screening Clearinghouse. I understand and agree that I will read and comply with the guidelines contained in the privacy policies.

Date _____ Signature _____