



EMPLOYMENT APPLICATION

First Name, Middle Initial, Last Name	List any other names you have used:
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Street Address	City, State and Zip Code
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Cell Phone Number _____ Other Phone Number _____ Personal Email _____	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
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Have you ever worked in the childcare industry in the State of Florida before? If YES, did you complete the mandatory DCF training hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of a crime involving child abuse or neglect?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever worked in a childcare facility that has had a license denied, revoked or suspended?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever worked in a childcare facility that has had a disciplinary action or a fine?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

GENERAL INFORMATION

Have you been employed by RCMA in the past? Yes No If yes, what years? _____ What title? _____

Position(s) you are applying for now:	How did you hear about this opening? _____
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Are you related by blood or marriage to anyone currently working at RCMA? Yes No If yes, please list below.

Name	Relationship	Office or Center

EDUCATION – 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 <input type="checkbox"/> NO <input type="checkbox"/>	 	
College or University				YES <input type="checkbox"/> NO <input type="checkbox"/>		
Graduate or Professional				YES <input type="checkbox"/> NO <input type="checkbox"/>		
Other				YES <input type="checkbox"/> NO <input type="checkbox"/>		

PROFESSIONAL REFERENCES – List three individuals who know about your skills, abilities, and/or qualifications that related to the position you are applying for. Ex: Teacher/Professor, School Principal, Pastor/Priest, etc. Do **not list relatives or former supervisors.**

Name	Phone Number
1.	
2.	
3.	

WORK HISTORY – Florida law requires that we contact all 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"/> yes <input type="checkbox"/> no
Your Job Title	Supervisor's Name	Supervisor's Telephone
		Employer's Telephone Number
Date Hired (MM/DD/YY)	Date Terminated (MM/DD/YY)	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/DD/YY)	Date Terminated (MM/DD/YY)	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/DD/YY)	Date Terminated (MM/DD/YY)	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/DD/YY)	Date Terminated (MM/DD/YY)	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/DD/YY)	Date Terminated (MM/DD/YY)	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/ Country _____	From _____ to _____ State/ Country _____	From _____ to _____ State/ Country _____	From _____ to _____ State/ Country _____	From _____ to _____ State/ Country _____
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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.