



Employment Application

Milestones Learning Center strongly recommends all new hires to be fully vaccinated for COVID-19. Proof of vaccination or exemption acknowledgment will be required for all individuals who accept a position with our company.

To further our mission of providing a safe and healthy environment for young children and our responsibility to act as role models to young children Milestones Learning Center will **not hire individuals who use tobacco or nicotine products in any form**. Milestones Learning Center recognizes the importance of employees' health and well-being, and the responsibility of maintaining a healthy and safe environment for children and visitors. Therefore, all individuals who are offered a position with Milestones Learning Center are screened for illegal drugs (including those without a current valid prescription), alcohol, and/or tobacco/nicotine as part of the post-offer health screening. **Individuals whose post-offer health screening results are verified positive for illegal drugs (including those without a current valid prescription), alcohol, and/or tobacco/nicotine will be disqualified from employment.** Accordingly, their job offer will be withdrawn, and they will be disqualified from applying for employment for six (6) months from the date of the post-offer health screening.

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever worked for a childcare center whose license has been revoked or suspended? YES NO

If yes, what center and why? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____



I HAVE NOT LIVED OUTSIDE THE STATE OF FLORIDA IN THE PAST (5) FIVE YEARS.

IF YOU HAVE LIVED in any state other than Florida in the past (5) five years. Please list all states in which you have lived in the past (5) five years.

State: _____

From: _____ **To:** _____

Address: _____

State: _____

From: _____ **To:** _____

Address: _____

State: _____

From: _____ **To:** _____

Address: _____

Previous Employment- List ALL Employment History for past (5) five years

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

For additional employment history within the past 5 years, please include a separate page

Skills Acknowledgement

Nice to have skills: Technology

(Please check each skill you are comfortable with)

___ Google Classrooms ___ Google Docs/Sheets/Etc ___ MS Word ___ PowerPoint ___ Outlook

Must have skills: Physical Activities and Requirements

It is my understanding that the position I am applying for will require me to be able to lift and carry up to 30lbs, walk a cumulative of one mile daily, frequently bend, squat and sit on the floor throughout my work shift. By signing this application I am stating I am able to meet these physical requirements.

Initial Here _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

I am fully vaccinated for COVID-19 or have a medical waiver. I agree to share proof or waiver with Milestones Learning Center upon acceptance of a job offer. If not fully vaccinated, I agree to sign an exemption acknowledgment form.

I authorize Milestones Learning Center to conduct the required background investigation for employment purposes in a child care industry. This may include, but not limited to, national and/or state criminal, sex offender, and child abuse & neglect registries. I further grant Milestones Learning Center permission to request background reports on my behalf from official agencies and third-parties, as required. **I acknowledge some companies/agencies charge a fee for this report and I, as the applicant, am responsible for these fees. Milestones Learning Center will make all attempts possible to avoid costs, but if a free option is not available, I agree to pay for any and all required reports.**

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I also understand that if I fail any post-hire health or background screenings that any offer made to me will be rescinded.

Should I choose to sign electronically, I agree my electronic signature shall be accepted as the legal equivalent of my manual signature.

Signature: _____ Date: _____