

EMPLOYMENT APPLICATION

BBO Preschool 3731 NE 7th Street Ocala, FL 34470 Office 352-694-7440 Fax 352-694-5726

PERSONAL INFORMATION

FULL NAME: _____ **DOB:** _____
First Middle Last

ADDRESS: _____
Street Address Apt/Suite

City State Zip Code

E-MAIL: _____ **PHONE:** _____

SOCIAL SECURITY NUMBER _____

DATE AVAILABLE: _____ **DESIRED PAY:** \$ _____ HOUR SALARY

POSITION APPLIED FOR: _____

EMPLOYMENT DESIRED: FULL-TIME PART-TIME SUBSTITUTE

EMPLOYMENT ELIGIBILITY

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S? YES NO*

HAVE YOU EVER WORKED FOR THIS EMPLOYER? YES* NO

***IF YES, WRITE THE START AND END DATES:** _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES* NO

***IF YES, PLEASE EXPLAIN:** _____

EDUCATION

HIGH SCHOOL: _____ **CITY / STATE:** _____

FROM: _____ **TO:** _____

GRADUATE? YES NO **DIPLOMA:** _____

COLLEGE: _____ **CITY / STATE:** _____

FROM: _____ **TO:** _____

GRADUATE? YES NO **DEGREE:** _____

OTHER: _____ CITY / STATE: _____

FROM: _____ TO: _____

DEGREE/CERTIFICATION: _____

OTHER: _____ CITY / STATE: _____

FROM: _____ TO: _____

DEGREE/CERTIFICATION: _____

PREVIOUS EMPLOYMENT

EMPLOYER 1: _____
Company / Individual

E-MAIL: _____ PHONE: _____

ADDRESS: _____
Street Address Apt/Suite

_____ City State Zip Code

STARTING PAY: \$ _____ HOUR SALARY ENDING PAY: \$ _____ HOUR SALARY

JOB TITLE: _____ RESPONSIBILITIES: _____

FROM: _____ TO: _____

REASON FOR LEAVING _____

EMPLOYER 2: _____
Company / Individual

E-MAIL: _____ PHONE: _____

ADDRESS: _____
Street Address Apt/Suite

_____ City State Zip Code

STARTING PAY: \$ _____ HOUR SALARY ENDING PAY: \$ _____ HOUR SALARY

JOB TITLE: _____ RESPONSIBILITIES: _____

FROM: _____ TO: _____

REASON FOR LEAVING _____

EMPLOYER 3: _____
Company / Individual

E-MAIL: _____ PHONE: _____

ADDRESS: _____
Street Address Apt/Suite

City State Zip Code

STARTING PAY: \$ _____ HOUR SALARY ENDING PAY: \$ _____ HOUR SALARY

JOB TITLE: _____ RESPONSIBILITIES: _____

FROM: _____ TO: _____

REASON FOR LEAVING: _____

REFERENCES
(PROFESSIONAL ONLY)

FULL NAME: _____ **RELATIONSHIP:** _____
First Last

COMPANY: _____ TITLE: _____

E-MAIL: _____ PHONE: _____

FULL NAME: _____ **RELATIONSHIP:** _____
First Last

COMPANY: _____ TITLE: _____

E-MAIL: _____ PHONE: _____

FULL NAME: _____ **RELATIONSHIP:** _____
First Last

COMPANY: _____ TITLE: _____

E-MAIL: _____ PHONE: _____

Child Care Credentials

Completed 45 Hour DCF Training? YES NO

CPR & First Aid Certificate? YES NO

VPK / CDA / Staff Credentials: _____

BACKGROUND CHECK CONSENT

IF ASKED, ARE YOU WILLING TO CONSENT TO A BACKGROUND CHECK? YES NO

DISCLAIMER

Applicant understands that Building Blocks of Ocala Preschool is a fully licensed private preschool and an Equal Opportunity Employer. In order to ensure this application is acceptable, please print or type with the application being fully completed in order for it to be considered.

Please complete each section even if you attach a resume.

I, the Applicant, certify that my answers are true and honest to the best of my knowledge. If this application leads to my eventual employment, I understand that any false or misleading information in my application or interview may result in my employment being terminated.

SIGNATURE _____ **DATE** _____

PRINT NAME _____