



# Serendipity Learning Center

410 Ridge Road, Fern Park FL, 32730 : 407.262.0010 : Fax- 407.205.0019

Today's Date:

Available Date:

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Last Name

First Name:

Middle:

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Address:

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Phone Number:

E-Mail:

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Position Applying for:

\_\_\_ Teacher \_\_\_ Assistant Teacher \_\_\_ Substitute \_\_\_ Volunteer \_\_\_ Other: \_\_\_\_\_

Availability: \_\_\_ Full Time \_\_\_ Part-Time \_\_\_ Substitute Only

\_\_\_ I understand that SLC does not permit teachers to enroll their own children if it is a distraction and stressful on the child. This will be done only on a 5 day trial basis and a rate of 50% off. There is no guarantee that enrollment will be accepted.

Desired Age Group:

\_\_\_ Any \_\_\_ Infants \_\_\_ Toddler \_\_\_ Preschool \_\_\_ Pre-K \_\_\_ K-2 \_\_\_ School Age

High School:

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College, University or Professional School:

School Name: Location: From:(mo/yr) To:(mo/yr) Course of Study: Degree Earned:

School Name	Location	From:(mo/yr)	To:(mo/yr)	Course of Study	Degree Earned

Job-Related Training or Course work:

Licensure, Registration, Certification:

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Other Training:

Other Certifications:

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Required Child Care Training Status:

\_\_\_ None \_\_\_ Started Hrs. \_\_\_ Completed 45 Hrs. \_\_\_ Staff Credential

Child Care Training Transcript Student I.D. # (if applicable) \_\_\_\_\_

Additional Relevant Experience:

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**Languages Spoken:**

**Sign Language Knowledge:**

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**Background Information:**

NOTE: A "YES" answer to these questions will not automatically bar you from employment. The nature, job-relatedness, severity and date of the offense in relation to the position for which you are applying are considered [see §112.011, F.S.]

**Have you ever been convicted of a felony or a first-degree misdemeanor?** \_\_\_yes\_\_\_ No  
If Yes, what charges? \_\_\_\_\_

**Have you ever worked in a facility that has had a license denied, revoked, or suspended in any state or jurisdiction or has been the subject of a disciplinary action or been fined while employed in a child care facility?** \_\_\_yes\_\_\_ No- If Yes, Explain: \_\_\_\_\_

**Are you over the age of 18?** \_\_\_yes\_\_\_ No

**Citizenship:** The state of Florida hires only U.S. citizens and lawfully authorized alien workers. You will be required to provide identification and either proof of citizenship or proof of authorization to work in the U.S. **Are you a U.S. Citizen?** \_\_\_yes\_\_\_ No

**If no, are you legally authorized to accept employment with the specific hiring authority to which you are applying?** \_\_\_yes\_\_\_ No

**Please list any other states that you have lived in within the past 5 years:**

\_\_\_\_\_  
**Have you lived in any other state besides FL in the last 5 years?**

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**How did you hear about Serendipity Learning Center?**

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**Do you have any relatives that work for Serendipity?** \_\_\_yes\_\_\_ No

If yes, Who?
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**Work History, Please list the past 5 years & any related experience (starting w/ the most recent):**

1. **Company Name** \_\_\_\_\_ **Job Title** \_\_\_\_\_

**Supervisor** \_\_\_\_\_ **Telephone** \_\_\_\_\_

**Address:** \_\_\_\_\_ **May Contact** \_\_\_\_\_

<b>Street &amp; No.</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Dates of employment</b> _____	<b>to</b> _____	<b>Hourly/Salary Rate</b> _____	
<small>month/Year</small>	<small>month/year</small>		

**Job Duties:**

**Reason for leaving:**

***For Office Use Only***

Person Contacted: \_\_\_\_\_ Verified by: \_\_\_\_\_

Verify employment dates \_\_\_\_ Verify position held: \_\_\_\_ Verify duties: \_\_\_\_ Verify

Reason for leaving: \_\_\_\_ Is the reference aware of any information that might affect this individual's stability for employment in a position where he or she would have direct contact with children/children's records? \_\_\_\_ If yes to any of these, ask reference to explain \_\_\_\_\_

2. Company Name \_\_\_\_\_ Job Title \_\_\_\_\_

Supervisor \_\_\_\_\_ Telephone \_\_\_\_\_

Address: \_\_\_\_\_ May Contact \_\_\_\_\_

Street & No. City State Zip

Dates of employment \_\_\_\_\_ to \_\_\_\_\_ Hourly/Salary Rate \_\_\_\_\_

month/Year month/year

Job Duties:

Reason for leaving:

***For Office Use Only***

Person Contacted: \_\_\_\_\_ Verified by: \_\_\_\_\_

Verify employment dates \_\_\_\_ Verify position held: \_\_\_\_ Verify duties: \_\_\_\_ Verify

Reason for leaving: \_\_\_\_ Is the reference aware of any information that might affect this individual's stability for employment in a position where he or she would have direct contact with children/children's records? \_\_\_\_ If yes to any of these, ask reference to explain \_\_\_\_\_

3. Company Name \_\_\_\_\_ Job Title \_\_\_\_\_

Supervisor \_\_\_\_\_ Telephone \_\_\_\_\_

Address: \_\_\_\_\_ May Contact \_\_\_\_\_

Street & No. City State Zip

Dates of employment \_\_\_\_\_ to \_\_\_\_\_ Hourly/Salary Rate \_\_\_\_\_

month/Year month/year

Job Duties:

Reason for leaving:

***For Office Use Only***

Person Contacted: \_\_\_\_\_ Verified by: \_\_\_\_\_

Verify employment dates \_\_\_\_ Verify position held: \_\_\_\_ Verify duties: \_\_\_\_ Verify

Reason for leaving: \_\_\_\_ Is the reference aware of any information that might affect this individual's stability for employment in a position where he or she would have direct contact with children/children's records? \_\_\_\_ If yes to any of these, ask reference to explain \_\_\_\_\_

4. Company Name \_\_\_\_\_ Job Title \_\_\_\_\_  
Supervisor \_\_\_\_\_ Telephone \_\_\_\_\_  
Address: \_\_\_\_\_ May Contact \_\_\_\_\_  
Street & No. City State Zip  
Dates of employment \_\_\_\_\_ to \_\_\_\_\_ Hourly/Salary Rate \_\_\_\_\_  
month/Year month/year

Job Duties:

Reason for leaving:

*For Office Use Only*

Person Contacted: \_\_\_\_\_ Verified by: \_\_\_\_\_

Verify employment dates \_\_\_\_\_ Verify position held: \_\_\_\_\_ Verify duties: \_\_\_\_\_ Verify

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5. Company Name \_\_\_\_\_ Job Title \_\_\_\_\_  
Supervisor \_\_\_\_\_ Telephone \_\_\_\_\_  
Address: \_\_\_\_\_ May Contact \_\_\_\_\_  
Street & No. City State Zip  
Dates of employment \_\_\_\_\_ to \_\_\_\_\_ Hourly/Salary Rate \_\_\_\_\_  
month/Year month/year

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reference to explain \_\_\_\_\_

By Signing below you are verifying that the content in this application is true and accurate.

Signature:

Today's Date:

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