



# 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: Street

City

Zip

County

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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 automatically 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:


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 not, are you legally authorized to accept employment with the specific hiring authority to which you are applying?** \_\_\_yes\_\_\_ No

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

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

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

If yes, Who?

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

- Company Name \_\_\_\_\_ Job Title \_\_\_\_\_  
 Supervisor \_\_\_\_\_ Telephone \_\_\_\_\_  
 Address: \_\_\_\_\_ May Contact \_\_\_\_\_  

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

**Job Duties:**

**Reason for leaving:**

- 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:

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:

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:

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

Job Duties:

Reason for leaving:

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

Signature:

Today's Date:

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*For Office Use Only:*