

VILLAGE LEARNING ACADEMY

130 AVE G SE, BLDG A, WINTER HAVEN, FL 33880

Application for Employment

It is the policy of Village Learning Academy to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability, or veteran status.

PERSONAL INFORMATION

FULL NAME:

DATE:

ADDRESS:

CITY:

STATE:

ZIP:

EMAIL:

PHONE: () - - -

SOCIAL SECURITY NUMBER (SSN): - - -

DATE AVAILABLE:

DESIRED PAY: \$ ☐ HOURLY ☐ SALARY

POSITION APPLIED FOR: ☐ FULL-TIME ☐ PART-TIME

EMPLOYMENT ELIGIBILITY

ARE YOU A U.S. CITIZEN? ☐ YES ☐ NO

IF NO, ARE YOU ALLOWED TO WORK IN THE U.S.? ☐ YES ☐ NO

ARE YOU AT LEAST 18 YEARS OLD? ☐ YES ☐ NO

HAVE YOU EVER WORKED FOR THIS EMPLOYER? ☐ YES ☐ NO

IF YES, LIST DATES:

IF OFFERED EMPLOYMENT, WHEN WOULD YOU BE AVAILABLE TO BEGIN WORK?

HAVE YOU EVER BEEN CONVICTED OF A FELONY/MISDEMEANOR? ☐ YES ☐ NO

IF YES, PLEASE EXPLAIN:



PHONE: (863) 875-6555



itavla130@gmail.com



FAX: (863) 875-6544



villagelearningacademy.org

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EDUCATION

HIGH SCHOOL:

CITY/STATE:

FROM:

TO:

GRADUATE? ☐ YES ☐ NO

DIPLOMA:

COLLEGE:

CITY/STATE:

FROM:

TO:

GRADUATE? ☐ YES ☐ NO

DEGREE:

APPLICANT SKILLS

List any skills that you have that may be useful for the job you are seeking. List the number of years of experience.

SKILLS

YEARS OF EXPERIENCE

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APPLICANT EMPLOYMENT HISTORY

HAVE YOU EVER WORKED IN CHIDCARE? ☐ YES ☐ NO

DO YOU HAVE YOUR 45 HOURS: ☐ YES ☐ NO

IF YES, PLEASE LIST CENTER NAMES:

List your current or most recent employment first. Please list all jobs (including (self-employment and military service) that you have held, beginning with the most recent, and list and explain any gaps in employment. If additional space is needed, continue to the back page of this application.

EMPLOYER NAME:

SUPERVISOR NAME:

ADDRESS:

CITY/STATE/ZIP:

JOB DUTIES:

REASON FOR LEAVING:

DATES OF EMPLOYMENT (MONTH/YEAR):

EMPLOYER NAME:

SUPERVISOR NAME:

ADDRESS:

CITY/STATE/ZIP:

JOB DUTIES:

REASON FOR LEAVING:

DATES OF EMPLOYMENT (MONTH/YEAR):



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ADDRESS:

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JOB DUTIES:

REASON FOR LEAVING:

DATES OF EMPLOYMENT (MONTH/YEAR):

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ADDRESS:

CITY/STATE/ZIP:

JOB DUTIES:

REASON FOR LEAVING:

DATES OF EMPLOYMENT (MONTH/YEAR):

EMPLOYER NAME:

SUPERVISOR NAME:

ADDRESS:

CITY/STATE/ZIP:

JOB DUTIES:

REASON FOR LEAVING:

DATES OF EMPLOYMENT (MONTH/YEAR):



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REFERENCES

PLEASE LIST THREE NON-RELATIVES WHO WOULD BE WILLING TO PROVIDE A REFERENCE FOR YOU.

NAME:

ADDRESS:

CITY/STATE/ZIP:

PHONE: () -

RELATIONSHIP:

NAME:

ADDRESS:

CITY/STATE/ZIP:

PHONE: () -

RELATIONSHIP:

NAME:

ADDRESS:

CITY/STATE/ZIP:

PHONE: () -

RELATIONSHIP:

Please provide any other information that you believe should be considered, including whether you are bound by any agreement with any current employer:

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Certification

I certify that the information provided on this application is true and accurate. I understand that providing false or misleading information will be the basis for the rejection of my application or, if employment commences, immediate termination.

I authorize Village Learning Academy to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its owner, Latasha Ealey, the relationship will be "at-will". In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the same right. Moreover, no agent, representative, or employee of Village Learning Academy, except in a specific written contract of employment signed on behalf of the organization by its owner, Latasha Ealey, has the power to alter or vary the voluntary nature of the employment relationship.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION, AND I UNDERSTAND AND AGREE TO ITS TERMS.

APPLICANT SIGNATURE:

DATE:

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