



Application for Employment

Early Learning Coalition of Northwest Florida, Inc.
Serving Bay, Calhoun, Franklin, Gulf, Holmes, Jackson and Washington Counties

703 West 15th Street, Suite A, Panama City, FL 32401
Phone: (850) 747-5400
Fax: (850) 747-5450
www.elcnwf.org

The Early Learning Coalition of Northwest Florida, Inc. and Landrum Professional Employer Services, Inc. are an equal opportunity employers and, in compliance with all federal and state civil rights laws, makes every effort to employ and promote the most qualified individuals without regard to race, color, religion, sex, national origin, age, handicap, disability, veteran status or marital status.

(Please Print)

Position(s) Applied For _____ Date of Application _____

How did you learn about the Coalition?

Advertisement Friend Walk-in
Employment Agency Relative Other: _____

Last Name, First Name, Middle _____ Email Address _____

Address Number, Street, City, State, Zip Code _____ Home Number _____ Cell Number _____

On what date would you be available for work? _____

Can you travel if the job requires it?

Yes No

Are you legally eligible to work in this country? Yes No

Have you ever been employed with the Coalition or Landrum Professional before?

Yes No If yes, please give date: _____

Prior Worksite Employer: _____

Other Names you have gone by: (if different) _____

If employed with the Coalition and Landrum Professional, will you continue to receive other compensation of any kind from any other employer or entity?

Yes No

How many days were you absent from or tardy for work in the last twelve (12) months? _____

Have you ever been bonded?* Yes No Are you currently bondable? Yes No

(**Bond:** an insurance contract in which an agency guarantees payment to an employer in the event of unforeseen financial loss through the actions of an employee.)

Have you ever pled guilty, pled no contest, pled nolo contendere, had adjudication withheld, or been placed in a pre-trial intervention or diversion program as a result of being convicted of a crime?* Yes No

If yes, give details (date, place, offenses(s) charged, disposition, etc.):

Have you ever been a defendant in a civil action alleging intentional tort or wrongdoing?*

If yes, please describe the nature of the alleged action and the disposition of the case:

*Note: Answering "Yes" to any of these questions may not necessarily disqualify you from the position desired. Each action and explanation will be weighed/considered in relationship to the underlying facts and circumstances of the position for which you are applying

Have you received any written reprimands or disciplinary suspensions during any previous employment?

If yes, please explain:

Have you ever been discharged or asked to resign from previous employment?

If yes, please explain (include by whom, when and for what):

Do you have a valid driver's license? Yes No Class?: _____

Have you had a suspension or probation of your license within the last five (5) years?

Yes No

Education:

No. of Years Attended	School Name	Location (City/State)	Major/Degree

Employment History: (List in reverse chronological order; do not omit any jobs). Use additional sheet if necessary.

Date To/From	Company Name/Address	Supervisor Name Phone #	Salary Start/End	Job Titles & Duties	Reason for Leaving

Special Skills and Qualifications

Summarize special job-related skills and qualifications, including ability to speak, read, and/or write in foreign languages, and identify projects you have worked on and describe your responsibilities.

References

Give name, address, and telephone number of three references who are not related to you and are not previous employers.

1. _____
Name Address Phone Years acquainted

2. _____
Name Address Phone Years acquainted

3. _____
Name Address Phone Years acquainted

APPLICATION FORM DISCLAIMER
PLEASE READ CAREFULLY

I certify that all of the facts and information listed on this form and other employment documents are true and complete. I understand that any false, incomplete or misleading information given by me, regardless of when it is discovered, is sufficient cause for rejection of my application or termination. _____ (Initials)

I hereby authorize the Coalition and its co-employer to investigate all statements contained on this form, to interview references and previous employers, and to obtain a report from a consumer-reporting agency to be used for employment purposes in accordance with the Fair Credit Reporting Act. _____ (Initials)

I authorize the Coalition and its co-employer to conduct criminal and employment background inquiries prior to and at any time during my employment. I understand that satisfactory background checks are a condition of initial and continued employment. _____ (Initials)

I authorize all references and previous employers to give the Coalition and its co-employer all information and opinions concerning my previous employment and me. I release all such parties from any liability that may arise from furnishing such information to the Coalition and its co-employer, including, but not limited to, any liability for defamation or invasion of privacy. _____ (Initials)

If I am employed by the Coalition, I understand and agree that I will be assigned to a jobsite employer contracting with the Coalition's co-employer; that I will be required to comply with the policies set forth in both the Coalition and its co-employer's employee handbooks. In the event of conflict between the handbooks and policies of the Coalition and its co-employer, co-employer's handbook shall prevail. _____ (Initials)

I understand that I will be required to serve a (90) day probationary period, and that I may be discharged at the end or any time during that period for unsatisfactory work performance or any other reason. I further understand that my employment and compensation can be terminated, with or without cause or notice, at any time, regardless of the successful completion of my probationary period, at the option of the Coalition and/or its co-employer, or myself. _____ (Initials)

Any prior valid written contracts and agreements, including non-compete or non-solicitation agreements, with the Coalition or its co-employer are hereby affirmed by me and shall continue to remain in full effect as provided therein during my employment with the Coalition and its co-employer. Other than any such prior agreement, no supervisor or other representative of the Coalition and its co-employer other than the Executive Director or authorized designee(s) of the Coalition and its co-employer (in writing), has any authority to enter into any agreement with me for employment for any specified period of time, or to make any agreement contrary to the foregoing. _____ (Initials)

If the Coalition and its co-employer employs me, I understand that it is my responsibility to keep an accurate and complete record of my hours worked each day. I understand and agree that the Coalition and its co-employer's liability for payroll is limited to payroll hours and information the Coalition and its co-employer timely receives from me. _____ (Initials)

In the event that the co-employer is not timely paid by the Coalition for my compensation and benefits, any claims I have against the co-employer shall be limited to minimum wage for hours worked, and all remaining pay and benefit claims shall be solely against the Coalition. If the co-employer is required to pay me and unable to timely obtain reimbursement from the Coalition, I assign to the co-employer my rights to any salary claims that have been satisfied by the co-employer. _____ (Initials)

I understand that I am only eligible to participate in those benefit plans that are specifically offered to employees through mutual agreement of the Coalition and its co-employer according to their policies. _____ (Initials)

I further understand and voluntarily agree, as a condition of employment or my continued employment, that I may be requested by the Coalition and/or its co-employer to submit to a urinalysis or other drug screen test, and that my failure to take such test(s) when requested to do so, or unsatisfactory results, will disqualify me from consideration for employment, or if I am then employed, may result in my immediate dismissal. _____ (Initials)

I acknowledge and agree that if at any time I am subjected to any type of discrimination and/or harassment, or have any other employment-related disputes or claims, I will contact the Coalition or its co-employer's Human Resource representative immediately to obtain assistance in the resolution of such matters, and agree to allow the Coalition and its co-employer the opportunity to resolve any such claim or issue prior to seeking resolution through other means. I further understand that it is against the Coalition and co-employer's policy for anyone to discriminate or take adverse action against another employee who provides information about actions they reasonably believe to represent misconduct. (Whistleblower Act) _____ (Initials)

The Coalition prefers to resolve all employment disputes, claims, and grievances through the Company's and co-employer's open door policy. _____ (Initials)

I also understand that the Coalition is a smoke-free workplace and prohibits its employees from smoking outside of designated areas. _____ (Initials)

I certify that I have read, fully understand and agree with the foregoing certification statement and agreement.

Applicant Signature

Date

Thank you for completing this application form and your interest in employment with the Early Learning Coalition of Northwest Florida, Inc. Applications may be submitted or requested in person, by mail, fax, or e-mail: hr@elcnwf.org.