

Children of Destiny Learning Academy
Shaping the Leaders of Tomorrow

6030 N.W. 21st Avenue , Miami, Florida 33142
 (786) 482-5940

Employment Application

PLEASE PRINT

Position applied for _____		Date of application _____	
Name _____		Social Security# _____	
LAST	FIRST	MIDDLE	
Address _____		CITY	STATE ZIP
STREET			
Telephone # () _____		Mobile Phone # () _____	
Email Address _____			

EMERGENCY CONTACT INFORMATION

Name _____ Relationship _____

Address _____

Phone # () _____

Are you legally eligible for employment in this country? Yes No Date available for work _____

What is your desired salary? \$ _____ Type of employment desired Permanent Substitute

Referral Source Advertisement Employee Relative Walk-in Other _____

Name of source if applicable _____ Do you own a vehicle? Yes No

Driver's license number if driving is required _____ State _____

EDUCATIONAL BACKGROUND

NAME AND LOCATION	NUMBER OF YEARS COMPLETED	DID YOU GRADUATE? IF YES DIPLOMA RECEIVED	COURSE OF STUDY
HIGH SCHOOL			
COLLEGE			
OTHER			

SKILLS AND QUALIFICATIONS

Summarize any training, skills, license and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

EMPLOYMENT HISTORY

Provide the following information of your past four (3) employers, assignments or volunteer activities, starting with the most recent.

____/____/____	____/____/____	____	(____)
FROM	TO	EMPLOYER	PHONE#
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR		REASON FOR LEAVING	
SUMMARIZE THE NATURE OF WORK PERFORMED AND RESPONSIBILITIES			

____/____/____	____/____/____	____	(____)
FROM	TO	EMPLOYER	PHONE#
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR		REASON FOR LEAVING	
SUMMARIZE THE NATURE OF WORK PERFORMED AND RESPONSIBILITIES			

____/____/____	____/____/____	____	(____)
FROM	TO	EMPLOYER	PHONE#
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR		REASON FOR LEAVING	
SUMMARIZE THE NATURE OF WORK PERFORMED AND RESPONSIBILITIES			

REFERENCES List the names and telephone numbers of three references who are NOT related to you.

NAME	TELEPHONE	NUMBER OF YEARS KNOWN

APPLICANT STATEMENT

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct. I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with 2 weeks prior notice, and the employer reserves the right to terminate my employment at any time, with or without cause and with and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurance to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing APPLICANT STATEMENT.

Signature of Applicant _____

Date _____