



Employment Application

SS # _____

DOB _____

Personal Information

Date : _____

Position Applied For : _____

Name : _____

Address : _____

City : _____ State : _____ Zip : _____

Home Phone : _____ Cell Phone : _____

Email Address : _____

Marital Status : _____ Church Membership (if applicable) : _____

Hours Available Per Week : _____

Emergency Contact

Name : _____ Relationship : _____

Address : _____

City : _____ State : _____ Zip : _____

Home Phone : _____ Cell Phone : _____

Education Information Proof of education is required prior to employment

Name Of High School: _____

GED _____ or Diploma _____ or Highest Level Grade Completed _____

Degree or Vocational School certificate completed: _____

Please List any other education or completed courses that would apply to your desired position within our organization. (i.e. CPR, FIRST AID, IT, etc.)

Transportation Information

Do you have reliable means of transportation to and from work : _____

Have you ever been convicted of a crime : _____

If yes, please explain the number of convictions, nature of offenses, and type of rehabilitation

Employment History

In reverse chronological order, list below past and present employment held in the last 5 years

Place Of Employment: _____

Address/City/State/Zip: _____

Phone: _____ Date of Employment _____ to _____

Position: _____ Supervisor: _____ Phone: _____

Reason For Leaving : _____

Job Duties & Responsibilities : _____

Place Of Employment: _____

Address/City/State/Zip: _____

Phone: _____ Date of Employment _____ to _____

Position: _____ Supervisor: _____ Phone: _____

Reason For Leaving : _____

Job Duties & Responsibilities : _____

Place Of Employment: _____

Address/City/State/Zip: _____

Phone: _____ Date of Employment _____ to _____

Position : _____ Supervisor: _____ Phone: _____

Reason For Leaving : _____

Job Duties & Responsibilities : _____

Place Of Employment: _____

Address/City/State/Zip: _____

Phone: _____ Date of Employment _____ to _____

Position : _____ Supervisor: _____ Phone: _____

Reason For Leaving : _____

Job Duties & Responsibilities : _____

Place Of Employment: _____

Address/City/State/Zip: _____

Phone: _____ Date of Employment _____ to _____

Position : _____ Supervisor: _____ Phone: _____

Reason For Leaving : _____

Job Duties & Responsibilities : _____

All employees of LPELA must be physically, emotionally, and mentally capable of fulfilling the duties normally performed within a childcare setting. These include but not limited to lifting small children, participating in games and movement activities, preparing written lesson plans based on our curriculum, initiate age-appropriate activities, and communicate effectively with children, parents, and staff members.

Are you able to perform the essential function of the job with or without reasonable accommodations? _____

I attest that all statements and information provided on this application for employment have been answered willingly and are both true and complete.

Signature: _____ Date: _____

Return completed form back to "The Lily Pad Early Learning Academy, LLC"
2110 3rd Ave Crestview, FL 32536
850-331-3519
thelilypadela@gmail.com