



## Employment Application

To further our mission of providing a safe and healthy environment for young children and our responsibility to act as role models to young children Milestones Learning Center will **not hire individuals who use tobacco or nicotine products in any form.** Milestones Learning Center recognizes the importance of employees' health and well-being, and the responsibility of maintaining a healthy and safe environment for children and visitors. Therefore, all individuals who are offered a position with the Milestones Learning Center, LLC are screened for illegal drugs (including those without a current valid prescription), alcohol, and/or tobacco/nicotine as part of the post-offer health screening. **Individuals whose post-offer health screening results are verified positive for illegal drugs (including those without a current valid prescription), alcohol, and/or tobacco/nicotine will be disqualified from employment.** Accordingly, their job offer will be withdrawn, and they will be disqualified from applying for employment for six (6) months from the date of the post-offer health screening.

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #  
\_\_\_\_\_  
City State ZIP Code

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Are you a citizen of the United States? YES ☐ NO ☐ If no, are you authorized to work in the U.S.?

Have you ever worked for this company? YES ☐ NO ☐ If yes, when? \_\_\_\_\_

Have you ever worked for a childcare center whose license has been revoked or suspended?  
YES ☐ NO ☐

If yes, what center and why? \_\_\_\_\_

Have you ever been convicted of a felony? YES ☐ NO ☐

If yes, explain: \_\_\_\_\_

## Education

**High School:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**From:** \_\_\_\_\_ **To:** \_\_\_\_\_ **Did you graduate?** YES ☐ NO ☐ **Diploma:** \_\_\_\_\_

**College:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**From:** \_\_\_\_\_ **To:** \_\_\_\_\_ **Did you graduate?** YES ☐ NO ☐ **Degree:** \_\_\_\_\_

**Other:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**From:** \_\_\_\_\_ **To:** \_\_\_\_\_ **Did you graduate?** YES ☐ NO ☐ **Degree:** \_\_\_\_\_

☐ **I HAVE NOT LIVED OUTSIDE THE STATE OF FLORIDA IN THE PAST (5) five years.**

**IF YOU HAVE lived in any state other than Florida in the past (5) five years. Please list all states you have live at in the past (5) five years.**

**State:** \_\_\_\_\_ **:** \_\_\_\_\_

**From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**State:** \_\_\_\_\_ **:** \_\_\_\_\_

**From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**State:** \_\_\_\_\_ **:** \_\_\_\_\_

**From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**Address:** \_\_\_\_\_

## Previous Employment- List ALL Employment History for past (5) five years

**Company:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_ **Starting Salary:** \$ \_\_\_\_\_ **Ending Salary:** \$ \_\_\_\_\_

**Responsibilities:** \_\_\_\_\_

**From:** \_\_\_\_\_ **To:** \_\_\_\_\_ **Reason for Leaving:** \_\_\_\_\_

**May we contact your previous supervisor for a reference?** YES ☐ NO ☐

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO  
☐ ☐

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO  
☐ ☐

### Military Service

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

### Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I also understand that if I fail any post-hire health screenings that any offer made to me will be rescinded.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_