

### **Kidz Care Academy**

Circt Nome

4936 Northdale Blvd, Tampa, FL 33624 Email: nkhan@kidzcareacademy.net

### **EMPLOYMENT APPLICATION**

Kidz Care Academy is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religion, marital status, sexual orientation, political belief or disability. All persons hired must submit proof of employment authorization and identity before being hired. Government agencies require periodic reports on the sex, ethnicity, disability and veteran status of applicants. This data is for analysis and affirmative action only. Submission of information about a disability is voluntary.

#### **INDEMNITY**

All information provided within this document will be received by Kidz Care Academy with strict confidentiality and utilized for employment purposes only. The applicant agrees to release and hold Kidz Care Academy and all of its employees harmless from all liability with respect to receipt of such information provided within the application documents, with the exception of an unauthorized release of applicant's confidential information. Furthermore, the applicant acknowledges that the positions presented have specific qualification parameters that have to be adhered to which may include, education levels, years of experience, combinations of skillsets, passing of background check and verifications. Applicant hereby agrees to not take any legal action, or pursue any other remedy, with respect to Kidz Care Academy's decision to hire applicant based upon such information.

### **PERSONAL DATA**

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	Home Phone #:					
	Cell Phone #:	Email:				
	Social Security #:		D.O.B			
	Driver's License #:		Issuing Stat	e:		
	Are you eligible for emp	ployment in the U.S.?	Yes	No		
	If yes, please provide of	ocumentation				
	(List last 5 years only	)				
	Have you ever been colf yes, please explain:					
	ii yoo, picaoo expiairi					_
	Please answer the follo	<b>o</b> .				
1.	Have you ever held a				amilies or been register	ed
		your home?				
	If yes, please explain					_
2	While employed in a ch	ild care program, have	vou ever heen th	ne subject of disc	inlinary action or have	
۷.	been part responsible f					
	boon part roop on old in	•	Yes		or alcolphilary actions	
	If yes, please explain: _					

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### **ADDRESS INFORMATION:**

(Please provide current address and go back 5 years in chronological order)

From/To Dates	Street Address	City	State	Zip Code	Country
			1		

## **EDUCATION**

Name of College/University				
Degree	_	Years Completed		
Address of College/University		L		
Dates Attended	Date Graduated	Major		
		<b>'</b>	· · · · · · · · · · · · · · · · · · ·	
Name of High School				
Diploma		Years Completed		
Address of High School		l		
Dates Attended	Date Graduated			
List any certificates earned formal education.  ———————————————————————————————————	or in progress, and/or any	additional training prograr	ms not included in your	
<b>PLEASE NOTE</b> : Please prolast 5 year	employers (includers) its current/recent emp	ling Internships, Voluntary	or Military work) in the	
Name of Employer	Addr	ess:	Starting Date:	
			Ending Date:	
Salary Per Hour: \$	Job 7	Fitle/Responsibilities		
Supervisor/Manager Name:	Mov	May We Contact Your Employer? Ves No		

Phone #:

Reason for Termination of Employment:

Name of Employer	Address:	Starting Date:
		Ending Date:
Salary Per Hour: \$	Job Title/Responsibilities	
Supervisor/Manager Name:	May We Contact Your Employer?	Yes No
Reason for Termination of Employment:		
Name of Employer	Address:	Starting Date: Ending Date:
Salary Per Hour: \$	Job Title/Responsibilities	
Supervisor/Manager Name:	May We Contact Your Employer? Phone #:	Yes No
Reason for Termination of Employment:		
Name of Employer	Address:	Starting Date: Ending Date:
Salary Per Hour: \$	Job Title/Responsibilities	I
Supervisor/Manager Name:	May We Contact Your Employer?	_Yes No
Reason for Termination of Employment:	Thore #.	
Name of Employer	Address:	Starting Date: Ending Date:
Salary Per Hour: \$	Job Title/Responsibilities	l
Supervisor/Manager Name:	May We Contact Your Employer?	Yes No
Reason for Termination of Employment:	THORE II.	

### **REFERENCES**

(Please provide details of two supervisors/managers for professional references)

		Employer:	Title:	
			Email:	
		Employer:	Title:	
			Email:	
			<b>1</b>	
	<u>Ackr</u>	owledgments (Please re	ead and Sign Below)	
an employment contract, nor can		ract, nor can it be used to	is "at will". I understand this application is no create one. I acknowledge that Kidz Carentations that differ from those contained in this	
2	<ol> <li>I understand I must provide satisfactory documents to establish my identity and right to work in the United States, if I am offered a position with Kidz Care Academy, and that failure to provide this evidence will result in the termination of my employment.</li> </ol>			
3	<ol> <li>I certify that the information I have furnished on this application form is true and complete. I understand that if any misrepresentation has been made by me verbally or in writing, any offer of employment made to me may be withdrawn or my subsequent employment with Kidz Care</li> </ol>			
	Academy may be term  . By signing this employ	yment application, applicant	agrees to settle any and all disputes arising in	
2			s a condition of your employment.	
	understands this agre			