



Employment History

DeerwoodAcademy.com

Florida Department of Children and Families

License # C04DU0531 and C07SJ0083

Employment History for the Past 5 Years

Is there any information or name change we need to know in order to check your work history? ☐ Yes ☐ No

If yes, please explain:

Please list the most recent employment first; list periods of unemployment:

Employer #1

Job Title: _____ Dates of Employment (Month/Year) From: _____ To: _____

Employer: _____ Starting Salary: _____ Ending Salary: _____

☐ Full Time ☐ Part Time ☐ Temp Phone Number: _____

Supervisor: _____ May We Contact? ☐ Yes ☐ No

Description: _____

Reason for Leaving: _____

Employer #2

Job Title: _____ Dates of Employment (Month/Year) From: _____ To: _____

Employer: _____ Starting Salary: _____ Ending Salary: _____

☐ Full Time ☐ Part Time ☐ Temp Phone Number: _____

Supervisor: _____ May We Contact? ☐ Yes ☐ No

Description: _____

Reason for Leaving: _____

Employer #3

Job Title: _____ Dates of Employment (Month/Year) From: _____ To: _____

Employer: _____ Starting Salary: _____ Ending Salary: _____

☐ Full Time ☐ Part Time ☐ Temp Phone Number: _____

Supervisor: _____ May We Contact? ☐ Yes ☐ No

Description: _____

Reason for Leaving: _____

Employer #4

Job Title: _____ Dates of Employment (Month/Year) From: _____ To: _____

Employer: _____ Starting Salary: _____ Ending Salary: _____

☐ Full Time ☐ Part Time ☐ Temp Phone Number: _____

Supervisor: _____ May We Contact? ☐ Yes ☐ No

Description: _____

Reason for Leaving: _____

Employer #5

Job Title: _____ Dates of Employment (Month/Year) From: _____ To: _____

Employer: _____ Starting Salary: _____ Ending Salary: _____

☐ Full Time ☐ Part Time ☐ Temp Phone Number: _____

Supervisor: _____ May We Contact? ☐ Yes ☐ No

Description: _____

Reason for Leaving: _____

Employer #6

Job Title: _____ Dates of Employment (Month/Year) From: _____ To: _____

Employer: _____ Starting Salary: _____ Ending Salary: _____

☐ Full Time ☐ Part Time ☐ Temp Phone Number: _____

Supervisor: _____ May We Contact? ☐ Yes ☐ No

Description: _____

Reason for Leaving: _____

Are there any periods of unemployment in your work history? ☐ Yes ☐ No

If yes, Please explain:

Has your name changed in the past 5 years? ☐ Yes ☐ No

If yes, what was your previous name? _____

Have you listed all employment in the past 5 years? ☐ Yes ☐ No

Signature of Applicant: _____ Date: _____

Education

Type of School	Name and Location	Dates Added (Month/Year)	Areas Studied	Graduated	Degree Earned
High School				<input type="checkbox"/> Yes	
				<input type="checkbox"/> No	
College/ University				<input type="checkbox"/> Yes	
				<input type="checkbox"/> No	
Technical School				<input type="checkbox"/> Yes	
				<input type="checkbox"/> No	
Graduate School				<input type="checkbox"/> Yes	
				<input type="checkbox"/> No	
Other Education				<input type="checkbox"/> Yes	
				<input type="checkbox"/> No	

Special courses, training, or experience acquired (including military experience):

Skills

Computer Skills	Name of Software:	Words Per Minute:	Platform(s): <input type="checkbox"/> MAC <input type="checkbox"/> PC
Languages Spoken			
Other Knowledge	Have you started your DCF 45-hour courses? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Have you completed your DCF 45 hours? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Please describe any other experience, abilities, or skills that might be helpful in considering your application:

Certification & Authorization

I hereby certify that all statements made in this application are true and correct to the best of my knowledge and belief. I understand that any misrepresentations or omissions of facts in this application are grounds for disqualification from further consideration or for dismissal from employment. I agree that I may be required to complete a medical exam for initial employment and continue employment.

I authorize the company to inquire into my education, professional, and past employment history references as needed to research my qualifications for this position. I request and authorize all references and former employers to supply information about me verbal and in writing to you. I also authorize Deerwood Academy to review any informational databases (including any registries in any state) maintained for the purpose of screening employees, conduct any appropriate criminal background investigations required or permitted by local, state, and/or federal law and to review any social networking sites, communities, blogs, wikis, or other on-line resources in which I am identified. I understand that the results of such reviews and investigations may be used to determine, in Deerwood Academy's sole discretion, my suitability for employment or continued employment. In consideration for their furnishing such information, I hereby waive any claims against them which may arise from the furnishing of such information.

If employed, I agree to conform to the rules, regulations, and policies of the company. I understand that I will be an employee "at will" and either the company or I may terminate my employment relationship at any time for any reason not in violation of the law. I hereby acknowledge that I have read and fully understand the forgoing and seek employment under these conditions. I understand that any consideration of employment is contingent upon satisfactory proof of identity, legal authorization to work in the United States, and satisfactory background check as defined by the Florida State Department of Children and Families.

Signature of Applicant: _____ Date: _____