

If yes, please explain: _____

4. In ten words or less, describe your philosophy regarding early childhood education.

5. Do you have your 40 hours of DCF training? _____

6. Have you lived in a different state in the past 5 years? If yes, then please list: _____

7. Do you hold a FCCPC (Florida Child Care Professional Certificate)? _____

8. Briefly describe how you have decided to apply for employment at Pineapple Cove Academy.

Education and Training

Highest Grade Completed: _____

Do you have a High School Equivalency Diploma (GED):

Did you graduate? Yes ____/____
month year
 No

Yes _____
year awarded state awarded
 No

Colleges Attended <u>City and State</u>	Major <u>Field</u>	No. of <u>Credits</u>	Degree <u>Awarded</u>	<u>Dates Attended</u>	
				From	To

Child care training courses

Training Courses Taken	Hours	Date of Completion

**Please either drop application off at Pineapple Cove Academy Mailbox, OR Email:
aloha@pineapplecoveacademy.com or fax 321-723-8872**

Employment History

Present or Most Recent Position:

May we contact your present employer about you? Yes No

Employer Name _____ Address _____ _____ _____ Job Title _____ _____	Dates of Employment Month/Year From: ____/____ To: ____/____	Salary Start \$ _____ Final \$ _____	Average Hrs. Per Week _____ _____	OFFICE USE ONLY Date Called: _____ Time: _____ Who I Spoke to: _____
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Telephone ____ - ____ Name and Title of Supervisor _____

Reason for Leaving _____

Duties _____

Former Employer

Employer Name _____ Address _____ _____ _____ Job Title _____ _____	Dates of Employment Month/Year From: ____/____ To: ____/____	Salary Start \$ _____ Final \$ _____	Average Hrs. Per Week _____ _____	OFFICE USE ONLY Date Called: _____ Time: _____ Who I Spoke to: _____
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Telephone ____ - ____ Name and Title of Supervisor _____

Reason for Leaving _____

Duties _____

Former Employer

Employer Name _____	Dates of Employment Month/Year	Salary	Average Hrs. Per Week	OFFICE USE ONLY
Address _____	From: ____/____	Start \$ _____	_____	
_____	To: ____/____	Final \$ _____	_____	Time: _____
Job Title _____				Who I Spoke to: _____

Telephone ____-____ Name and Title of Supervisor _____

Reason for Leaving _____

Duties _____

