

Kiddie College of South Miami corp.
13291 SW 42 St
Miami, Fl 33175-3205
305-552-6047

**Pre-Employment
 Questionnaire**

**An Equal
 Opportunity Employer**

Application for Employment

Name (last name first)			Social Security #:	
Present address:	Apt. no:	City:	State:	Zip:
Home Phone#:	Cell Phone #:	DOB:	Are you 18 yrs or older: <input type="checkbox"/> yes <input type="checkbox"/> no	Gender: M <input type="checkbox"/> F <input type="checkbox"/>
Do you speak English <input type="checkbox"/> Yes <input type="checkbox"/> No Spanish <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you Write English <input type="checkbox"/> Yes <input type="checkbox"/> No Spanish <input type="checkbox"/> Yes <input type="checkbox"/> No		
Position:	Date you can start:	Salary desired:	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	
Are you employed now: <input type="checkbox"/> Yes <input type="checkbox"/> No	If so may we inquire of your present employer: <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have family working in the company? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Ever applied for this company before: <input type="checkbox"/> Yes <input type="checkbox"/> No	U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No U.S. Resident <input type="checkbox"/> Yes <input type="checkbox"/> No			
Who referred you to this company: <input type="checkbox"/> Employment agency <input type="checkbox"/> Newspaper advertising <input type="checkbox"/> Friend <input type="checkbox"/> walk in <input type="checkbox"/> State Employment Office <input type="checkbox"/> college placement service <input type="checkbox"/> other				
Status: Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/>		# of children:		Ages:
Spouse's Work Place			Phone:	
School level	Name and location of school	No. of yrs attended	Did you graduate	Subjects studied
Grammar school				
High School				
College				
Trade, Business, or correspondence school				

CDA: <input type="checkbox"/> YES <input type="checkbox"/> NO
45 hrs FL. Dep. Children and Families: <input type="checkbox"/> YES <input type="checkbox"/> NO
First Aid: <input type="checkbox"/> YES <input type="checkbox"/> NO CPR: <input type="checkbox"/> YES <input type="checkbox"/> NO

Are you studying now: Yes No

Do you wish to continue studying in the future: Yes No

What: _____

References:

Below give the names of three people you are not related to, whom you have known for at least one year.

	Name	Phone	Business	Yrs. Acquainted
1				
2				
3				

Job Experience:

List your last 3 employments

1	
2	
3	

Authorization

"I certify that the facts contained in this application are **True** and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and the employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have. Personal or otherwise and release the company from all information and release the company from all liability for any damage that may result from all utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the forgoing, unless it is in writing and signed by and authorized company representative."

Date _____ Signature _____

Received By: _____ Date: _____