



Little Footsteps Academy LLC

4718 Old Hwy 37
Lakeland FL 33813
863646-8400

PRESCHOOL TEACHER / TEACHER ASSISTANT APPLICATION

Application Date: ____/____/____

Date Available: ____/____/____

PERSONAL INFORMATION

Full Name _____ Birthday: Month _____ Day _____

Street Address _____

City _____ State _____ Zip _____

Email _____ Soc. Sec. # _____

Phones: Daytime _____ Evening _____ Cell _____

Best time to call _____ I would also be available to Substitute: Yes No

How long have you lived at the above address? _____

POSITION DESIRED

Full time

Part time

Days and Hours Available _____

Position Applying For _____

How did you learn about the position for which you are applying? _____

EDUCATION

_____ College Major _____ Minor _____

School	Name & Location of School	Dates Attended	# of years	Date of Graduation	Degree / Diploma
College					
High School					

HAVE YOU EVER BEEN CONVICTED OF A CRIME? ____ NO ____ YES

If yes explain number of conviction(s)k nature of offense(s) leading to conviction(s) , how recently such offence(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation/

[Type text]



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EMPLOYMENT

(Provide accurate, complete employment record. Start with present or most recent employer)

1	Employer Name	Telephone	Employed Dates	
			From	To
	Address		Pay	
			Start	Last
Name of Supervisor		Reason for Leaving		
State job title and describe your work				

2	Employer Name	Telephone	Employed Dates	
			From	To
	Address		Pay	
			Start	Last
Name of Supervisor		Reason for Leaving		
State job title and describe your work				

3	Employer Name	Telephone	Employed Dates	
			From	To
	Address		Pay	
			Start	Last
Name of Supervisor		Reason for Leaving		
State job title and describe your work				

Permission	Administration may contact the employers listed above unless indicated below.			
	DO NOT CONTACT:			
	1. Employer Name _____	Reason _____		
2. Employer Name _____	Reason _____			

References	I verify that I have mailed the enclosed recommendation forms to the following references:			
	1. Personal Reference _____	Phone _____		
	2. Recent Supervisor _____	Phone _____		

[Type text]



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License	Do you have a driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No
	What is your means of transportation to work? _____
	Have you had any accidents during the past three years? How many? _____
	Have you had any moving violation during the past three years? How many? _____

Signature	I verify that I have read this application and declare that my answers are true and complete.
	Printed Name _____ Date _____
	Signature _____