



**Substitute & Teacher
Recruitment, Development &
Education (STRDE) Program**



<u>Office Use Only</u>	
App:	_____
Int:	_____
End:	_____

Last Name: _____ First Name: _____ MI: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone: _____ Other: _____
 Email: _____
 How were you referred to the STAR Program? _____
 Social Security Number: _____ Date of Birth: _____
 County of Residence: _____
 Are you 18 years of age or older? _____
 Are you legally able to work in the United States? _____
 Have you ever been convicted of a crime? _____
 If "yes" please list type of charge(s); date of conviction and penalty imposed:

Answering "Yes" does not constitute rejection for placement through the STRDE Program. Date of the offense, seriousness and nature of the violation, rehabilitation will be considered.

Education

	School and Location	Certificate/ Degree Achieved	Date of Graduation
High School			
2 Year College			
4 Year College			
Certificate			
Certificate			

Please list any licenses, certificates or other training not included in your formal education:

Please list any relevant experience you have relating to the care of children:

Employment History

Please list your most recent employer first. Please include employment information for at least the previous two years.

Employer: _____ Position Held: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Employed From: _____ To: _____
Supervisor Name: _____ Title: _____
Reason for Leaving: _____
May We Contact for Reference? _____

Employer: _____ Position Held: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Employed From: _____ To: _____
Supervisor Name: _____ Title: _____
Reason for Leaving: _____
May We Contact for Reference? _____

Employer: _____ Position Held: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Employed From: _____ To: _____
Supervisor Name: _____ Title: _____
Reason for Leaving: _____
May We Contact for Reference? _____

Professional/ Personal References

Include persons other than relatives and current employers

Name	Occupation	Phone Number	Years Known

Emergency Notification

Name: _____

Address: _____

Phone: _____

Availability

What Days Are You Available to Work? *A typical day varies based on the services each center provides. A day begins somewhere between 7am- 9am and end as late as 6pm. Substitutes should not work longer than an 8 hour day.*

	Monday	Tuesday	Wednesday	Thursday	Friday
From					
To					

Do you have *reliable* transportation? _____

Please circle all locations you are willing to work:

Sarasota

Venice

Applicant Statement

I understand if made eligible for the Substitute & Teacher Recruitment, Development & Education Program, placement at a local child care provider is not guaranteed; furthermore, all arrangements for employment and payment for services rendered are solely between the candidate and the local child care provider. I also understand I must provide satisfactory documents to establish my identity and right to work in the United States with each provider I am employed by. If I am offered a position working with a local child care provider, upon failure to provide right to work evidence, the provider may choose to terminate my employment.

I understand this application is not an employment application or contract, nor can it be used to create one. I acknowledge the Early Learning Coalition of Sarasota County is not an employment service and has not made any promises or representations different from those contained in this application. I release and agree to hold harmless any individual, company, business institution or government agency from all liability with regard to furnishing screening information to or from the Early Learning Coalition. I agree to release and hold harmless the Early Learning Coalition of Sarasota County, from all liability with respect to the receipt and distribution of such information. I certify that the information I have furnished on this application form is true and complete. I understand that any misrepresentation made by me verbally or in writing, may result in disqualification from the Substitute & Teacher Recruitment, Development & Education Program. In connection with my application, as required by law, and for the purpose of determining eligibility, I understand investigative background inquiries are to be made on me including criminal convictions, motor vehicle, reference checks and employment verification. Further, I understand that the ELC will be requesting information from various Federal, State, and other agencies which maintain records concerning my past activities relating to my driving, criminal, civil, and other experiences. I authorize without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from liability and responsibility for doing so. I hereby give consent to the Early Learning Coalition of Sarasota County and/or its agents to obtain and/or release the above information. This authorization and consent shall be valid in original, fax, or copy form.

Applicant Signature

Date