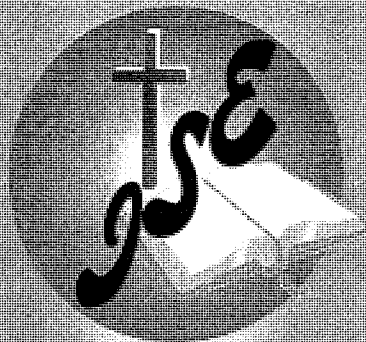


Innovation School of Excellence

ONE GREAT SCHOOL IN THREE GREAT LOCATIONS!



EMPLOYMENT APPLICATION

APPLICANT NAME: _____

CORPORATE OFFICE
329 AUSLEY ROAD ❖ TALLAHASSEE, FL 32304
OFFICE (850)575-5580 ❖ FAX (850)575-0833
www.innovationschoolofexcellence.org

"A Ministry of Innovative Baptist Church"

ISE is an Equal Opportunity Employer. In compliance with the Americans with Disabilities Act, ISE will provide reasonable accommodations to qualified individuals with disabilities and encourages both prospective and current employees to discuss potential accommodations with the employer.

In the Pursuit of Excellence...Phillipians 3:14



INNOVATION SCHOOL OF EXCELLENCE Employment Application

Administrative Use Only

Date/Time of Interview: _____

Date of Hire: _____

APPLICANT INFORMATION

Last Name _____ First _____ M.I. _____

Street Address _____ Apartment/Unit # _____

City _____ State _____ ZIP _____ Home Phone _____

Cell Phone _____ E-mail Address _____

Date of Birth _____ Social Security No. _____ MALE FEMALE

If you are known to schools or references by another name, please give name: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

This information is optional to you as an applicant, but we would appreciate it if you would complete the following to assist us in the collection of demographic information.

ETHNICITY: Please list the ethnic group that you are a part of: _____

SPECIAL NEEDS: Do you have any special needs that require special accommodations? If so, please explain:

POSITION APPLYING FOR

<input type="checkbox"/> Infants and Toddler Teacher	<input type="checkbox"/> Middle School Teacher	Will you accept temporary employment? <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Pre-K Teacher (Ages 3 & 4)	<input type="checkbox"/> Office Personnel	
<input type="checkbox"/> VPK Teacher	<input type="checkbox"/> Custodial/Maintenance	
<input type="checkbox"/> After School Teacher	<input type="checkbox"/> Cook	
<input type="checkbox"/> Elementary Educator		

Available Start Date: _____

HOURS AND DAYS OF AVAILABILITY:

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
FROM	_____ am / pm	_____ am / pm	_____ am / pm	_____ am / pm	_____ am / pm
TO	_____ am / pm	_____ am / pm	_____ am / pm	_____ am / pm	_____ am / pm

Have you ever applied for employment or previously worked for ISE? YES NO If so, when? _____

How were you referred to ISE? _____

Have you ever been convicted of a crime (see attached Affidavit of Good Moral Character) that would possibly disqualify you from employment in childcare? YES NO

If yes, please explain: _____

COSTS POSSIBLY ASSOCIATED WITH EMPLOYMENT AT ISE:

Depending upon your position, there are various items needed to bring an employee file folder into compliance. These costs may include physical exams, DCF mandated courses and other professional development activities. The cost may range from \$50-\$150.

PERSONAL REFERENCES

Give the name, address and phone number of three persons, other than relatives, who know you personally.

NAME	ADDRESS (Street, City, State, Zip)	PHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____

EDUCATION, TRAINING AND SKILLS

PLEASE SUBMIT COPIES OF ALL APPLICABLE CERTIFICATES WITH THIS APPLICATION.

High School: _____

Location: _____ City / State _____ Did you graduate? YES NO

If YES, date of graduation: _____ GED: _____

College: _____ Location: _____ City / State _____

Field(s) of Study: _____ Did you graduate? YES NO

If YES, date of graduation: _____ Degree(s) Obtained: _____

Other Education:
 National CDA Date of Completion: _____
 CDAE Date of Completion: _____
 Other _____ Date of Completion: _____

To work as a childcare teacher (Infants-4 year olds, VPK, After School), applicants must complete the following courses. Please place an "X" next to each course completed.

<u>Part I</u>	<u>Date of Completion</u>	<u>Part II</u>	<u>Date of Completion</u>
<input type="checkbox"/> Introduction to Childcare	_____	<input type="checkbox"/> 10 Hour Infant/Toddler	_____
<input type="checkbox"/> Behavior, Observation and Screening	_____	<input type="checkbox"/> 10 Hour Preschool	_____
<input type="checkbox"/> Rules & Regulations	_____	<input type="checkbox"/> 10 Hour School Age	_____
<input type="checkbox"/> Child Growth & Development	_____	<input type="checkbox"/> 10 Hour Special Needs	_____
<input type="checkbox"/> Health, Safety and Nutrition	_____		

Other Training (Early Literacy, Guidance & Discipline, CPR, First Aid, other in-service training within the past year):

ADDITIONAL/SPECIAL SKILLS (check all that apply)
 Accounting Grant Writing Radio, TV, or Film Production
 Secretarial / Receptionist Photography Office Machines (Specify _____)
 Journalism Art Work Other (Specify _____)
 Typing _____ wpm Nursing

Languages other than English spoken or read: _____

Computer Training: _____

Computer programs with which you are experienced (Microsoft Windows, Quickbooks, Access, Foxpro, Excel, Desktop Publishing, etc.) _____

Please provide any additional information that you consider to be pertinent to your application for employment, including school honors, organization memberships, unique skills, training, etc. _____

EMPLOYMENT HISTORY

Have you ever worked in a facility that has had a license denied, revoked or suspended in any state or jurisdiction or that has been the subject of a disciplinary action or been fined while employed in a childcare facility? YES NO

If YES, please explain: _____

Please list past employment. List in order beginning with the most recent position held.

Place of Employment: _____

Address: _____

Supervisor: _____ Phone: _____

Position Held: _____ Last Rate of Pay: _____

Brief detail of job responsibilities: _____

Date of Hire: _____ Ending: _____

Reason for Leaving: _____

Place of Employment: _____

Address: _____

Supervisor: _____ Phone: _____

Position Held: _____ Last Rate of Pay: _____

Brief detail of job responsibilities: _____

Date of Hire: _____ Ending: _____

Reason for Leaving: _____

Place of Employment: _____

Address: _____

Supervisor: _____ Phone: _____

Position Held: _____ Last Rate of Pay: _____

Brief detail of job responsibilities: _____

Date of Hire: _____ Ending: _____

Reason for Leaving: _____

PHILOSOPHY OF A CHRISTIAN EDUCATION

Briefly describe your philosophy of a Christian education.

VISION ESSAY

OUR VISION

"Where there is no vision, the people perish..." Proverbs 29:18

To inspire students to excel by promoting a stimulating, Christian learning environment through challenging, innovative and instructional approaches – ultimately transforming minds and thereby affecting eternity.

"Train up a child in the way he should go, and when he is old, he will not depart from it." Proverbs 22:6

Please write a short essay (100 words or less) in the space below describing what you can do to contribute to the vision of ISE.

NOTARY DECLARATION

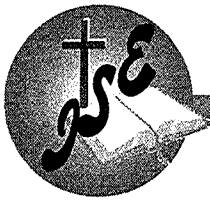
I hereby attest that the information submitted in this application is truthful and correct.

Applicant Signature

Date

Sworn and subscribed to me this _____ day of _____, 20_____.

Form of identification _____ Notary _____



Innovation School of Excellence

A Ministry of Innovation Baptist Church



Child Development Center
Infants – 2-Year-Olds



Christian Academy of Excellence
K3-8th Grade



Young Hope After School Program
Ages 3-16

EMPLOYER REFERENCE

I have applied for the position of _____ with Innovation School of Excellence (ISE). I authorize you to provide the information on this form with the understanding that it will become the confidential property of the ISE Human Resources Office for their use in considering my suitability for any position for which I apply.

Applicant Signature: _____ Printed Name: _____ Date: _____

TO THE EMPLOYER

This reference form is for the confidential use of Innovation School of Excellence, Inc. This information will not be shared with the applicant or with other persons or institutions. We appreciate your response.

Please return this form as soon as possible to:
Elder Otis B. Young ♦ 329 Ausley Road ♦ Tallahassee, FL 32304

APPLICANT'S NAME: _____

Rater's Name: _____ Title: _____

Business Name: _____

Address: _____ Telephone Number: _____

What were the Applicant's dates of employment? From _____ To: _____

What was the Applicant's position (or give brief description of duties)? _____

PLEASE EVALUATE THE APPLICANT IN THE FOLLOWING AREAS BY MARKING THE APPROPRIATE NUMBER.

5 = Outstanding, 4 = Above Average, 3 = Average, 2 = Below Average, 1 = Poor, NI = No Information

Please make comments on the reverse side of this form regarding any Below Average or Poor ratings.

CHARACTER	5	4	3	2	1	NI
JUDGEMENT	5	4	3	2	1	NI
EMOTIONAL STABILITY	5	4	3	2	1	NI
MATURITY	5	4	3	2	1	NI
ATTENDANCE	5	4	3	2	1	NI
COMMITMENT	5	4	3	2	1	NI
DEPENDABILITY	5	4	3	2	1	NI
SKILL IN RELATING TO OTHERS	5	4	3	2	1	NI
TEACHABLE	5	4	3	2	1	NI
QUALITY OF WORK	5	4	3	2	1	NI

1. Do you know of any physical, mental or emotional problems that might hinder effective work? YES NO

If YES, please elaborate on back.

2. Do you know of any personal habits or personal prejudices that might hamper their work? YES NO

If YES, please elaborate on back.

3. Do you recommend this person for employment? YES NO

If you answered YES to question #3, please check one of the following:

HIGHLY RECOMMEND RECOMMEND WITH SOME RESERVATIONS RECOMMEND WITH RELUCTANCE

Please add additional comments that will aid us in our consideration of this person for our ministry on the reverse side of this form. We appreciate your candor and thank you for your time and cooperation in completing this form.

CORPORATE OFFICE
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Ph: 850-575-5580
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MAIN CAMPUS
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Tallahassee, FL 32304
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Fax: 850-575-0833

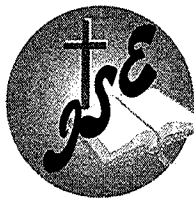
ISE NORTHWEST
411 White Drive
Tallahassee, FL 32304
Ph: 850-576-8882
Fax: 850-576-8884

ISE "ON THE WAY"
2150 Belle Vue Way
Tallahassee, FL 32304
Ph: 850-575-4468
Fax: 850-575-4468

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Infants – 2-Year-Olds



Christian Academy of Excellence
K3-8th Grade



Young Hope After School Program
Ages 3-13

CHURCH LEADER REFERENCE

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Applicant Signature: _____ Printed Name: _____ Date: _____

TO THE EMPLOYER

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APPLICANT'S NAME: _____

Rater's Name: _____ Title: _____

Church Name: _____

Address: _____ Telephone Number: _____

How long have you known the Applicant? _____

Please list church activities the Applicant is currently involved in: _____

PLEASE EVALUATE THE APPLICANT IN THE FOLLOWING AREAS BY MARKING THE APPROPRIATE NUMBER.

5 = Outstanding, 4 = Above Average, 3 = Average, 2 = Below Average, 1 = Poor, NI = No Information

Please make comments on the reverse side of this form regarding any Below Average or Poor ratings.

CHARACTER	5	4	3	2	1	NI
JUDGEMENT	5	4	3	2	1	NI
EMOTIONAL STABILITY	5	4	3	2	1	NI
MATURITY	5	4	3	2	1	NI
CHURCH ATTENDANCE	5	4	3	2	1	NI
CHRISTIAN COMMITMENT	5	4	3	2	1	NI
DEPENDABILITY	5	4	3	2	1	NI
SKILL IN RELATING TO OTHERS	5	4	3	2	1	NI
TEACHABLE	5	4	3	2	1	NI
MORAL VALUES	5	4	3	2	1	NI
CONSISTENT TITHER	5	4	3	2	1	NI

1. Do you know of any physical, mental or emotional problems that might hinder effective work? YES NO

If YES, please elaborate on back.

2. Do you know of any personal habits or personal prejudices that might hamper their work? YES NO

If YES, please elaborate on back.

3. Do you recommend this person for employment? YES NO

If you answered YES to question #3, please check one of the following:

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