

Employment Application



"Education is not received. It is achieved!"

DATE

POSITION DESIRED

DATE AVAILABLE

INTERVIEWED BY

NAME (FIRST) (MIDDLE) (LAST)

HOME ADDRESS CITY STATE ZIP CODE

HOME PHONE CELLULAR SS# BIRTHDAY

(Circle One)

Are you a US citizen? YES NO
Are you a High School Student? If yes, you must submit a work permit. YES NO

If yes, please explain:

EDUCATION (Attach documentation of qualifying education)
PLACE DATES DIPLOMA, CERTIFICATE,
DEGREE

ELEMENTARY _____
HIGH SCHOOL _____
COLLEGE _____
OTHER _____

Experience with groups of children
(Indicate ages of children, your duties, dates of time you worked in this position, reasons for leaving)

Attach documentation of experience working with children.

Have you attended/completed any child care training courses? YES NO
If yes list: _____

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PLEASE LIST EMPLOYMENT HISTORY FOR THE PAST TEN YEARS, BEGINNING WITH YOUR MOST CURRENT OR LAST EMPLOYER. If you have been unemployed during any time within the past ten years, list how you spent your time, e.g. student, housewife, unemployed, etc. If you need addition space please use separate employment record form.

MONTH/YEAR	NAME AND ADDRESS OF EMPLOYER	POSITION
FROM _____ TO _____		
FROM _____ TO _____		
FROM _____ TO _____		
FROM _____ TO _____		
FROM _____ TO _____		

Do you have a criminal record? YES NO
 If yes, explain: _____

Have you ever been shown by credible evidence, e.g., a court order or jury, a department's investigation or other reliable evidence to have abused, neglected or deprived a child or adult or to have subjected any person to serious injury as a result of intentional or grossly negligent misconduct? YES NO

Under the American with Disabilities Act of 1991, this program is required to reasonably accommodate individuals with a disability. The reasonable accommodation requirement applies to the application process, any pre-employment testing, interviews and actual employment, but only if the program supervisor is made aware that an accommodation is required. If you are disabled and require accommodation, you may request it at y time during the interview process. You are obligated to inform the program director of your needs if it will impact your ability to perform the job for which you are applying. _____

Do you have a valid driver's license? YES NO
 If yes, give license number and class of license: _____

Have you had CPR training within the past two years? YES NO
 If yes, give expiration date: _____

Have you had first aid training within the past three years? YES NO
 If yes, give expiration date: _____

I certify that all information on this application is correct. I have not given any false statement concerning my qualification requirements.

SIGNATURE _____ DATE _____