

STAFF INFORMATION/APPLICATION

NAME:			BIRTHDATE (optional):		
CELL PHONE:	HOME PHONE:	E-MAIL ADDRESS:			
HOME ADDRESS:		CITY:	STATE:	ZIP:	

EDUCATION AND TRAINING

Education:

High school graduate or General Education Development (GED) test passed? YES NO CURRENTLY ATTENDING

Early childhood education course work in high school? YES NO CURRENTLY ATTENDING

Post high school training (college, business school, military, etc.): YES NO CURRENTLY ATTENDING

NAME AND CITY/STATE	DATES ATTENDED	CREDITS EARNED	DEGREE EARNED/DATE	MAJOR/SUBJECT

Other Child Care Training:

TITLE OF CONFERENCE/WORKSHOP/TRAINING	CLOCK HOURS	TRAINER/SPONSOR

EMPLOYMENT HISTORY

(START WITH CURRENT OR MOST RECENT EMPLOYER. INCLUDE VOLUNTEER EXPERIENCE. IF MORE SPACE IS NEEDED ATTACH ANOTHER SHEET OF PAPER OR YOUR

MAY WE CONTACT THE EMPLOYER BELOW? YES NO

EMPLOYER:	TITLE/POSITION:	EMPLOYED FROM (MO/YR):
PHONE:	SUPERVISOR NAME:	EMPLOYED TO (MO/YR):
JOB DUTIES:	REASON FOR LEAVING:	

MAY WE CONTACT THE EMPLOYER BELOW? YES NO

EMPLOYER:	TITLE/POSITION:	EMPLOYED FROM (MO/YR):
PHONE:	SUPERVISOR NAME:	EMPLOYED TO (MO/YR):
JOB DUTIES:	REASON FOR LEAVING:	

MAY WE CONTACT THE EMPLOYER BELOW? YES NO

EMPLOYER:	TITLE/POSITION:	EMPLOYED FROM (MO/YR):
PHONE:	SUPERVISOR NAME:	EMPLOYED TO (MO/YR):
JOB DUTIES:	REASON FOR LEAVING:	

REFERENCES

Please provide information for at least 2 people who have knowledge of your work experience, education, and suitability to work with children.

NAME/TITLE:	ADDRESS:	FOR CENTER USE
RELATIONSHIP:		DATE REFERENCE RECEIVED:
PHONE:		<input type="checkbox"/> WRITTEN <input type="checkbox"/> VERBAL
NAME/TITLE:	ADDRESS:	FOR CENTER USE
RELATIONSHIP:		DATE REFERENCE RECEIVED:
PHONE:		<input type="checkbox"/> WRITTEN <input type="checkbox"/> VERBAL
NAME/TITLE:	ADDRESS:	FOR CENTER USE
RELATIONSHIP:		DATE REFERENCE RECEIVED:
PHONE:		<input type="checkbox"/> WRITTEN <input type="checkbox"/> VERBAL

Comments:

Applicant SIGNATURE:	<i>/S/</i>	DATE:	
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FOR CENTER USE ONLY

DATE HIRED:	POSITION:	SOCIAL SECURITY #:	DATE TERMINATED:
DATE OF PHYSICAL:	RESULTS:	DATE OF MANTOUX/CHEST X-RAY:	RESULTS:
OTHER:			