



Application for Employment

Instructions: All the information filled out on this application must be truthful and accurate to the best of your knowledge. Any false information or misrepresentation is cause for immediate dismissal.

Date of Application _____ Position applying for _____

Name: _____

Last First Middle Maiden

Address: Street: _____
City: _____
State: _____ Zip Code _____

Telephone Number: (____) _____ Date of Birth: _____

Driver's License Number: _____ Expiration Date: _____

EDUCATION:

| EDUCATION | School/Institution | Dates Attended | Diploma/Degree/ Certificate |
|-------------|--------------------|----------------|--------------------------------|
| High School | | | |
| College | | | |
| Graduate | | | |
| Other | | | |

CHILD CARE TRAINING:

List all courses, workshops, and conferences related to child development and early childhood education. Attach additional pages if necessary. Attach copies of certificates received.

| Title of course | Sponsor | Location | Dates | Number of hours |
|-----------------|---------|----------|-------|--------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

EMPLOYMENT HISTORY:

List your employment history in order beginning with your most recent employment. Attach additional pages if necessary.

| | | |
|------------|---------------------------|---------------------|
| Employer: | Dates Employed From To | Work Performed |
| Telephone: | | |
| Address: | Wage Information | Reason for leaving: |

| | | | |
|------------|--------------------------------------|-------|------------------------------|
| | Starting | Final | |
| Job Title: | | | May we contact: __ Yes __ No |
| Employer: | Dates Employed From To | | Work Performed |
| Telephone: | | | |
| Address: | Wage Information | | Reason for leaving: |
| | Starting | Final | |
| Job Title: | | | May we contact: __ Yes __ No |
| Employer: | Dates Employed From To | | Work Performed |
| Telephone: | | | |
| Address: | Wage Information | | Reason for leaving: |
| | Starting | Final | |
| Job Title: | | | May we contact: __ Yes __ No |
| Employer: | Dates Employed From To | | Work Performed |
| Telephone: | | | |
| Address: | Wage Information | | Reason for leaving: |
| | Starting | Final | |
| Job Title: | | | May we contact: __ Yes __ No |

REFERENCES:

List at least three persons who are not related to you by blood, marriage, or adoption to be contacted as references. **At least one must be a former employer.** Addresses must be complete and accurate.

Name of Former Employer: _____
Last
First
Middle

Place of Employment: _____

Address: _____
Street
City
()
State
Zip Code
Area Code Telephone Number

Name: _____
Last
First
Middle
Address: _____
Street
City
()
State
Zip Code
Area Code Telephone Number

Name: _____
Last
First
Middle
Address: _____
Street
City
()
State
Zip Code
Area Code Telephone Number

This position requires that we run a background screening. You will be required to complete and sign a Criminal History Form to give us consent to run a background screening. If you previously had a background screening done with Department of Children and Families please attach proof.

Current Criminal Charges:

Are there any current criminal charges against you? _____

If yes, give details.

Have you ever held a child care license with the Department of Children and Families or been registered to provide child care in your home? _____ Yes _____ No

While employed in a child care program, have you ever been the subject of disciplinary action, or been responsible for a child care facility receiving an administrative fine or other disciplinary action? _____ Yes _____ No

If yes, please explain.
