



Date _____

EMPLOYMENT APPLICATION

Last Name: _____ First Name: _____ Middle Initial: _____

Current Address: _____ City: _____ State: _____ Zip Code: _____

Phone _____ Mobile _____ E-Mail Address _____

How long have you lived at current address? _____

If less than two years, list previous address (students please enter home address):

Permanent Address: _____ City: _____

State: _____ Zip Code: _____ Phone (if student's permanent address): _____

Day and Month of Birth: _____ Social Security #: _____

Are you a citizen of the United States? Yes No

If you are not a citizen, are you authorized to work in the United States? Yes No

Education (include High School)

School	City, State	Major/Minor	# of Years	Degree

Summary of child care experience and training _____

Are you certified in CPR? _____ Date of expiration _____

Are you certified in First Aid? _____ Date of expiration _____

General Health Information

Date of last physical _____ Do you smoke? Yes _____ No _____

Are you allergic to Dogs _____ Cats _____?

Do you have any health problems which could interfere with your ability to be a child care provider? If so, please explain.

Transportation and Background Information

Do you have your own vehicle? Yes _____ No _____ Driver's License # _____

Make/Model of Car _____ License Plate # _____

Insurance Company _____ Date of Expiration _____

Have you been ticketed for any reason or had a traffic accident in the past 5 years? If so, please explain.

Have you ever been convicted of a crime other than a minor traffic violation? ____YES ____NO

Have you ever been indicated as perpetrator in a child abuse/neglect investigation? ____YES ____NO

If the answer to either of the above is yes, please explain:

Child Care Reference (preferred - non-relatives who can attest to your ability to care for children)

Name:		Address:	
Phone: ()	Times to call:	Number of Children:	Children's ages:
Relationship:		When was the last time you provided child care for this reference? How long have you provided care for this reference?	
Name:		Address:	
Phone: ()	Times to call:	Number of Children:	Children's ages:
Relationship:		When was the last time you provided child care for this reference? How long have you provided care for this reference?	
Name:		Address:	
Phone: ()	Times to call:	Number of Children:	Children's ages:
Relationship:		When was the last time you provided child care for this reference? How long have you provided care for this reference?	

Employment History (Please list chronologically employment from present)

Employer:		Address:	
Employed From:	To:	Contact Person:	Phone:
Job Duties:		Reason for Leaving:	

Employer:		Address:	
Employed From:	To:	Contact Person:	Phone:
Job Duties:		Reason for Leaving:	
Employer:		Address:	
Employed From:	To:	Contact Person:	Phone:
Job Duties:		Reason for Leaving:	

What type of position are you looking for? Mark all that you would accept.

Full-Time (30 hrs + per week) _____ **Part-Time** (0-29 hrs per week on regular schedule) _____

Sitter (occasional) _____ **Substitute in Child Care Center** (as needed) _____

Summer Nanny/Companion _____ (Please indicate start and end dates for summer position) Start _____ End _____

How many hours do you want to work per week? _____

In the space below, please write the times of your class schedule - or any other regular events that would not allow you to work - and the times you are available to work:

Date available to begin working _____

	Class Schedule/Ongoing Commitments:	Times Available for Work:
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Applicant Signature _____ Date _____

Agency Signature _____ Date _____

Any omission or misrepresentation of information is grounds for immediate dismissal.