



EQUAL OPPORTUNITY EMPLOYER
EMPLOYMENT APPLICATION

PERSONAL INFORMATION:

NAME _____ DATE _____

ADDRESS _____ TOWN _____ ZIP _____

HOME PHONE _____ CELL PHONE _____

SOCIAL SECURITY NUMBER _____ / _____ / _____ E-MAIL _____

ARE YOU 18 YEARS OF AGE OR OLDER? YES NO

ARE YOU EITHER A U.S. CITIZEN OR A LEGAL ALIEN? YES NO

EDUCATION AND CERTIFICATIONS:

Do you have a: High school diploma GED certificate CDA

College degree _____ in _____
Assoc., Bachelor, Masters List area of study

_____ College credits in _____

Do you have specialty certificates? Child care Director Pediatric First Aid

Do you have a Professional Development Record? YES NO

Are you a T.E.A.C.H. Scholarship Participant? YES NO

Have you had Fire safety training during the last year? YES NO

Do you have a current (1 year or less) State police clearance? YES NO

Do you have a current (1 year or less) FBI clearance? YES NO

Do you have a current (1 year or less) Child Line abuse clearance? YES NO

Do you have a current (1 year or less) Staff Health Appraisal? YES NO

Do you have a current (2 years or less) TB shot? YES NO

Are you familiar with DPW regulations for early learning centers? YES NO

CHARACTER REFERENCES:

Please list three non-relatives who we may call to verify your character

Name _____ Phone _____ Time acquainted _____ years

Name _____ Phone _____ Time acquainted _____ years

Name _____ Phone _____ Time acquainted _____ years

CHILD CARE EXPERIENCE:

Please list experience in the education/ child care field only. This can include positions at centers, schools or private babysitting.

Employer _____ Employment period _____ to _____

Supervisor _____ Phone number _____

Age of children in your care _____ Number of children cared for _____

Job Duties _____

Reason for Leaving _____

Employer _____ Employment period _____ to _____

Supervisor _____ Phone number _____

Age of children in your care _____ Number of children cared for _____

Job Duties _____

Reason for Leaving _____