



Application for Employment

A **C**hild **C**are and **D**evelopment **C**enter

We are an Equal Opportunity Employer

NAME ^{LAST}		FIRST		M.I.	DATE / /	
ADDRESS ^{STREET}					CONTACT NUMBER	
CITY			STATE	ZIP	() -	
E-MAIL ADDRESS						
POSITION(S) DESIRED						
TYPE OF POSITION			DAYS AND HOURS AVAILABLE			
<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME						
DO YOU HAVE A FINGERPRINT CLEARANCE CARD? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPERATION DATE: / /						
ARE YOU CPR CERTIFIED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPERATION DATE: / /						
ARE YOU FIRST AID CERTIFIED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPERATION DATE: / /						
EDUCATION						
TYPE OF SCHOOL	NAME AND ADDRESS OF SCHOOL		COURSE MAJORED IN GIVE DEGREE	CHECK LAST YEAR COMPLETED	GRADUATE?	LAST YEAR ATTENDED
HIGH SCHOOL	NAME			<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	CITY	STATE				
If you did not complete High School, do you have a GED? <input type="checkbox"/> YES <input type="checkbox"/> NO						
If you do not have a GED, are you currently enrolled in a GED program? <input type="checkbox"/> YES <input type="checkbox"/> NO						
COLLEGE	NAME			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	CITY	STATE				
GRADUATE SCHOOL	NAME			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	CITY	STATE				
BUSINESS OR TRADE SCHOOL	NAME			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	CITY	STATE				
If you expect to complete an educational program in the near future, please indicate what type of degree or program and the expected completion date:						
WORK HISTORY						
PLEASE NOTE: You may not substitute a Resume for information required in this application. You may attach a copy.						
1 CURRENT or MOST RECENT EMPLOYER					PHONE () -	
ADDRESS ^{STREET}			CITY	STATE	ZIP -	
TYPE OF BUSINESS			SUPERVISOR'S NAME			
JOB TITLE			DATES EMPLOYED FROM / / TO / /			
JOB DUTIES						
REASON FOR LEAVING						
2 NEXT MOST RECENT EMPLOYER					PHONE () -	
ADDRESS ^{STREET}			CITY	STATE	ZIP -	
TYPE OF BUSINESS			SUPERVISOR'S NAME			
JOB TITLE			DATES EMPLOYED FROM / / TO / /			
JOB DUTIES						
REASON FOR LEAVING						

WORK HISTORY CONTINUED**3** | **NEXT MOST RECENT EMPLOYER** | **PHONE () -****ADDRESS** ^{STREET} | **CITY** | **STATE** | **ZIP -****TYPE OF BUSINESS** | **SUPERVISOR'S NAME****JOB TITLE** | **DATES EMPLOYED** ^{FROM} / / ^{TO} / /**JOB DUTIES****REASON FOR LEAVING****4** | **NEXT MOST RECENT EMPLOYER** | **PHONE () -****ADDRESS** ^{STREET} | **CITY** | **STATE** | **ZIP -****TYPE OF BUSINESS** | **SUPERVISOR'S NAME****JOB TITLE** | **DATES EMPLOYED** ^{FROM} / / ^{TO} / /**JOB DUTIES****REASON FOR LEAVING****5** | **NEXT MOST RECENT EMPLOYER** | **PHONE () -****ADDRESS** ^{STREET} | **CITY** | **STATE** | **ZIP -****TYPE OF BUSINESS** | **SUPERVISOR'S NAME****JOB TITLE** | **DATES EMPLOYED** ^{FROM} / / ^{TO} / /**JOB DUTIES****REASON FOR LEAVING****REFERENCES**

List two personal references, attach one written personal reference

NAME | **PHONE () -** | **RELATIONSHIP****ADDRESS** ^{STREET} | **CITY** | **STATE** | **ZIP -****NAME** | **PHONE () -** | **RELATIONSHIP****ADDRESS** ^{STREET} | **CITY** | **STATE** | **ZIP -**

List two professional references, attach one written professional reference

ORGANIZATION | **PHONE () -****ADDRESS** ^{STREET} | **CITY** | **STATE** | **ZIP -****NAME** | **TITLE****ORGANIZATION** | **PHONE () -****ADDRESS** ^{STREET} | **CITY** | **STATE** | **ZIP -****NAME** | **TITLE****CERTIFICATION**

I certify that this application contains no willful misrepresentation or falsifications and that the information given by me is true and complete to the best of my knowledge and belief. I am aware that should an investigation at any time disclose any such misrepresentation or falsifications as to a material fact, my application will be rejected or my employment will be terminated. You are hereby authorized to make any investigation regarding my personal history.

SIGNATURE | **DATE** / /

If your application is considered favorable, on what date will you be available for work? / /