



Please print or type all information.

Date: _____

Name: _____

Telephone: _____

Address: _____

Cell Phone: _____

Social Security Number: _____

Driver's License Number: _____

Are you planning to further your education? Yes ____ When? _____ No plans ____

Have you had CPR Training within the past two years? Y / N (circle one)

Have you had First Aid training within the past three years? Y / N (circle one)

List any participation in child care training courses and experiences related to early childhood development. List any experiences you have had working with groups of children. Include dates of attendance and expiration dates of any certifications.

List any educational or professional organizations to which you belong:

Do you have any special talents? Include any musical instruments that you can play:

Describe any physical or personal limitations on the type of work you are capable of performing

Employer: _____ Phone: _____
Address: _____
Start Date: _____ End Date: _____
Position and Duties: _____
Reason for Leaving: _____
Supervisor's Name: _____
May we contact your current employer? Y / N (circle one)

Employer: _____ Phone: _____
Address: _____
Start Date: _____ End Date: _____
Position and Duties: _____
Reason for Leaving: _____
Supervisor's Name: _____

Employer: _____ Phone: _____
Address: _____
Start Date: _____ End Date: _____
Position and Duties: _____
Reason for Leaving: _____
Supervisor's Name: _____

Have you ever been arrested?

No ____ Yes ____

Are you available for ____ full time ____ part time employment? On what basis?

I have never been found by a court or jury, department investigation or other reliable evidence to have abused, neglected or deprived a child or adult or to have subjected any

