## APPI

APPLICATIO	ON FOR EMPLO	YMENT					
Name_	Last						
				iddle(Maiden)			
Locality	, 	(Area of town	in which the applicant resid	as)			
Telepho	ne	Cell Pho	ne				
Email ac	ddress				Chil	d Care Prof	essionals
Referral	Source						
	ach question should be ASE PRINT, except						
Are you seeking	employment, which is	Full time	Part Time		Occasion	nal/Temporar	y
	I am willing t	o make a minimu	m 1 yr. commitment	OR	Dates Avail./ Fron	n to (month/year)	(month/year)
	Live in	_ Live out	_Either			()	
				to to	Tuesday Wed Thurs.	Time Frame	
	o work in a home whe railable for employmen					are? Yes	No
Personal Data Are you 18 years child care experie	s or older with ence and/ or training?	Yes No		Provide	own a car? name of state licer have auto insuranc	ise issued:	
Personal Histor Why are you see	y king employment as a	child care profess	sional?				
What are your qu	ualifications in caring f	for children?					
Do you have exp	ertise in the following	areas: Tutoring, S	Special Education, For	eign Langu	age, Cooking, the	Arts, Other. I	Briefly describe:
What special inte	erests or leisure activiti	es do you enjoy?_ misdemeanor (ex	xcluding minor traffic v	violations)?	Yes No	If yes, describe	2
Have you been co							

Name		Social Security No.						
Last	First	Middle						
Address		C	ity	State	ZipCode			
l'elephone	Cel	I Phone	Email					
Work History	s in consecutive order with	present or last employer	listed first. Account for all	neriods of	time including any peric			
			l, give firm name and supply					
Present Employer or La	st Employer		Dates: From		То			
City	State	Zip Code	Duties					
alophonoMo	Fox	Tue	Reason for Leaving					
erephoneino.	rax		Reason for Leaving		То			
oh Title:			Dates: From		To			
Iob Title: City	State	 Zin Code	Duties					
Supervisor	State T	zip code Stle	Dunes					
Felephone No	Fax	1110	Reason for Leaving Dates: From					
Employer	1 dA		Dates: From	Τn				
ob Title:					_			
	State	Zip Code	Duties					
	T	itle						
Telephone No	Fax		Reason for leaving					
Oo you grant prospectives No	ve families and Child Care P not relatives or former emplo	rofessionals, Inc. permiss	mployer? Yes No Y ion to contact all references w your character and /or ab Child Ca	s listed on th	is application?			
Education High School	Name				<u>es</u>			
'allege								
Other  Affidavit certify that the answerind whatsoever. I agree of statements, answers, all liability for any dame were made by me with institution that has or thereby acquired. I give	rs given by me to the foregoe that Child Care Profession or omissions made by me in age for issuing this information and the area of the may hereafter attend or further may permission to submit this application void, and if the control of the man of the	nals, Inc. shall not be liab in this questionnaire. I also ation. I certify that all st expressly waive all provise rnish me with treatment to a full police and moto comployed, would be cause	nents are true and correct we le in any respect if my employ or release the companies, so atements and answers to que from disclosure to the correct vehicle screening. I under the for termination.  Date	byment is ter hools, police lestions abo physician, inpany any lestand that a	minated because of false bureaus, or persons from the my health are true aperson, hospital, or ot knowledge or informating misleading or incorrespondents.			
other  Affidavit certify that the answerind whatsoever. I agree of statements, answers, ill liability for any damn were made by me with astitution that has or increby acquired. I given that the statements may render the other than the statements may render that the other than the statements may render that the other than the statements may render that the other than the other	rs given by me to the foregoe that Child Care Profession or omissions made by me in age for issuing this information and the area of the may hereafter attend or further may permission to submit this application void, and if the control of the man of the	poing questions and staten nals, Inc. shall not be liab in this questionnaire. I also ation. I certify that all stappessly waive all provisionsh me with treatment to a full police and moto cemployed, would be cause	nents are true and correct we le in any respect if my employ or release the companies, so atements and answers to que tons of law prohibiting any from disclosure to the correct vehicle screening. I under the for termination.	byment is ter hools, police lestions abo physician, inpany any lestand that a	e bureaus, or persons faut my health are true person, hospital, or of knowledge or informating misleading or incornal			