

The following information will be used for your personnel record in the Offices of CCP.

Name _____ Social Security No. _____
 Last First Middle City State Zip Code
 Address _____
 Telephone _____ Cell Phone _____ Email _____

Work History

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including any periods of unemployment. PLEASE GIVE MONTH AND YEAR. If self-employed, give firm name and supply business references.

Present Employer or Last Employer _____ Dates: From _____ To _____
 Job Title _____
 City _____ State _____ Zip Code _____ Duties _____
 Supervisor _____ Title _____
 Telephone No. _____ Fax _____ Reason for Leaving _____
 Employer _____ Dates: From _____ To _____
 Job Title: _____
 City _____ State _____ Zip Code _____ Duties _____
 Supervisor _____ Title _____
 Telephone No. _____ Fax _____ Reason for Leaving _____
 Employer _____ Dates: From _____ To _____
 Job Title: _____
 City _____ State _____ Zip Code _____ Duties _____
 Supervisor _____ Title _____
 Telephone No. _____ Fax _____ Reason for leaving _____

Reference Checking

Were you employed under a name (nick name, last name, etc.) other than the one listed on the application? Yes ___ No ___ If yes, give name and explain _____
 Are you presently employed? Yes ___ No ___ If yes, may we contact your employer? Yes ___ No ___ Yes, only after notice is given ___
 Do you grant prospective families and Child Care Professionals, Inc. permission to contact all references listed on this application? Yes ___ No ___

Give three references, not relatives or former employers but people who know your character and /or about your child care experience.

<u>Name</u>	<u>Work/Home Phone No's</u>	<u>Child Care Ref.</u>	<u>Occupation</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Education

	<u>Name</u>	<u>City/State</u>	<u>Highest Level</u>	<u>Dates</u>
High School	_____	_____	_____	- _____
College	_____	_____	_____	- _____
Other	_____	_____	_____	- _____

Affidavit

I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind whatsoever. I agree that Child Care Professionals, Inc. shall not be liable in any respect if my employment is terminated because of falsity of statements, answers, or omissions made by me in this questionnaire. I also release the companies, schools, police bureaus, or persons from all liability for any damage for issuing this information. I certify that all statements and answers to questions about my health are true and were made by me without any reservations. I expressly waive all provisions of law prohibiting any physician, person, hospital, or other institution that has or may hereafter attend or furnish me with treatment from disclosure to the company any knowledge or information thereby acquired. I give my permission to submit to a full police and motor vehicle screening. I understand that any misleading or incorrect statements may render this application void, and if employed, would be cause for termination.

Signature _____ Date _____

Email to: thoffman4@cinci.rr.com or Mail to: Child Care Professionals, Inc., 3524

Edwards Road, Cincinnati, Ohio 45208

CCPI Phone: (513) 561-4810