

Application for Employment or Volunteer Services Licensed or Certified Early Learning/Child Care Program

1. Name of Early Learning/Child Care Program						
2. Position for which you are applying				3. Date		
4. Your Name		5. Are you 18 years or older? Yes <input type="checkbox"/> No <input type="checkbox"/>		6. Social Security Number		
7. Your Home Address				8. Telephone Number		
9. Days and hours you are willing to work				10. Expected Salary		
11. Do you have documentation of:						
Prevention of exposure to blood and body fluids training?				YES	NO	
Tuberculosis test or treatment within the last 12 months?				<input type="checkbox"/>	<input type="checkbox"/>	
Current first aid training?				<input type="checkbox"/>	<input type="checkbox"/>	
Current Child and Adult Cardiopulmonary Resuscitation (CPR) training?				<input type="checkbox"/>	<input type="checkbox"/>	
Current Infant Cardiopulmonary Resuscitation (CPR) training?				<input type="checkbox"/>	<input type="checkbox"/>	
Washington Food Worker card?				<input type="checkbox"/>	<input type="checkbox"/>	
12. Education:						
High school graduate or General Education Development (GED) test passed?				YES	NO	
Early childhood education course work in high school?				<input type="checkbox"/>	<input type="checkbox"/>	
Post high school training (college, business school, military, etc.)?				<input type="checkbox"/>	<input type="checkbox"/>	
Name and Location of Education		Dates Attended	Credits Earned	Did you Graduate?	Degree/Date	Major/Subject
13. Conferences/workshops you have attended related to job duties:						
Title of Conference/Workshop			Clock Hours	Trainer or Sponsor		
14. Training and Special Skills						
15. Courses in Early Education						

16. Employment history (start with current or most recent employer, include volunteer experience):

Employed by:	Telephone #:	From Mo/Yr:
Address	City State Zip code	To Mo/Yr
Duties/Responsibilities		Total time employed
		Hour Per Week Last Salary
Reason for Leaving		Supervisor's Name
Employed by:	Telephone #:	From Mo/Yr:
Address	City State Zip code	To Mo/Yr
Duties/Responsibilities		Total time employed
		Hour Per Week Last Salary
Reason for Leaving		Supervisor's Name
Employed by:	Telephone #:	From Mo/Yr :
Address	City State Zip code	To Mo/Yr
Duties/Responsibilities		Total time employed
		Hour Per Week Last Salary
Reason for Leaving		Supervisor's Name

If more space is needed to write your employment history, attach another sheet of paper or your resume.

17. May we contact your present employer? Yes No

18. References

Name	Address	Telephone Number

19. I certify that the above is true and correct to the best of my knowledge. I understand that untruthful or misleading answers are cause for rejection of my application or dismissal if employed. I authorize an investigation of statements contained in this application which will allow the employer to make an employment decision.

Your Signature	Date
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