

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

1. Name of Early Learning/Child Care Center Program <i>Rainbow River Childcare</i>						
2. Position for which you are applying				3. Date		
4. 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. Your Email Address						
10. Days and hours you are willing to work				11. Expected Salary		
12. Do you have documentation of:				YES	NO	
• Prevention of exposure to blood and body fluids training?				<input type="checkbox"/>	<input type="checkbox"/>	
• 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 infant, child and adult cardiopulmonary resuscitation (CPR) training?				<input type="checkbox"/>	<input type="checkbox"/>	
• Washington food worker card?				<input type="checkbox"/>	<input type="checkbox"/>	
13. Education				YES	NO	
• High school graduate or General Education Development (GED) test passed?				<input type="checkbox"/>	<input type="checkbox"/>	
• 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
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, and Zip Code:		
Duties/Responsibilities				Hours per week:		
				Last Salary:		

Reason for leaving:		Supervisor's name:
Employed by:	Telephone #:	From Mo/Yr:
Address:	City:	State, and Zip Code:
Duties/Responsibilities		Hours per week: Last Salary:
Reason for leaving:		Supervisor's name:
Employed by:	Telephone #:	From Mo/Yr:
Address:	City:	State, and Zip Code:
Duties/Responsibilities		Hours per week: Last Salary:
Reason for leaving:		Supervisor's name:
17. May we contact your present employer?    Yes <input type="checkbox"/> No <input type="checkbox"/> Reason:		
18. References		
Name:	Address	Telephone
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 or dismissal if employed. I authorize an an investigation of statements contained in this application which will allow the employer to make employment decisions.		
Your Signature		Date