



## CAREGIVER/TEACHER EMPLOYMENT APPLICATION

Name	SSN	*Are you 18 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No
Mailing Address		Telephone Number:
Title or Position		

### Education

Elementary or High School (circle years completed)				Did you graduate from H.S.?		<input type="checkbox"/> Yes <input type="checkbox"/> No				
1 2 3 4 5 6 7 8 9 10 11 12				Did you receive a GED?		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Name of High School										
	Name of school	Location	Dates Attended				Graduated?		Type of diploma or degree	Major field of study
			From		To		Yes	No		
			Mo	Yr	Mo	Yr				
College/ University										
Technical/ Vocational										

*(use additional paper if needed)*

Describe any other special training you have which you think is pertinent. Give dates, locations, and the name of the organization or agency sponsoring the training. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any professional licenses or certificates you hold or professional organizations to which you belong. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\*Employment and Experience** – Show all positions held within the last 10 years, beginning with present or last employer.

Dates Employed				Position	Full Time	Part Time	Seasonal	Employer	Address
From		To							
Mo	Yr	Mo	Yr						

*(use additional paper if needed)*

\*If you show no work history for the past two years, explain where you were and what you were doing for those two years.

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Describe the duties of each position held in the area of child care, including direct caregiving experience, supervision of child care personnel or programs, management or administration.

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Describe any other experience or skills you have had which you feel is pertinent. Include volunteer work in this description. Give details, location, supervisor, etc.

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**\*References**

May your present employer be contacted?  Yes  No

Give the present names and address of three persons, other than relatives or household members, who know you.

Name	Address (street, city, state, zip)	Telephone number

In addition to the three personal references listed above, our facility may contact your previous employer(s) for a reference.

I certify that this information contains no willful misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief. I hereby authorize the employer to contact the persons listed as references and I understand that the employer may contact others and, at any time, seek verification of any and all information contained herein.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*Required by AMC 16.55.010-.500