



Application Date: \_\_\_\_\_

**PERSONAL INFORMATION**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Are you of the age 18 or older? Yes No U.S. Citizen: Yes No

Are you willing to provide your Social Security Number if hired? Yes No

In Case of Emergency, contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_

Are you able to lift up to 25 lbs? Yes No If no, explain: \_\_\_\_\_

\_\_\_\_\_

Do you have any disabilities that would prevent you for actively caring for children (Infants to pre-school age)? Yes No If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of a crime? Yes No If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Are you presently employed? Yes No

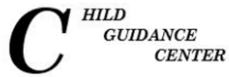
Position applying for: \_\_\_\_\_ Preferred Age Group: \_\_\_\_\_

Part Time Full Time Expected Salary: \_\_\_\_\_

Hours/Days you cannot work: \_\_\_\_\_

Do you have a child (or family member) that would need to attend THE CHILD GUIDANCE CENTER?

Yes No



**EDUCATIONAL BACKGROUND**

High School: \_\_\_\_\_

Received Diploma or Equivalent? Yes No

College: \_\_\_\_\_

Received Diploma or Equivalent? Yes No

Major: \_\_\_\_\_

Postgraduate College: \_\_\_\_\_

Received Diploma or Equivalent? Yes No

Major: \_\_\_\_\_

If No College degree, List courses and semester hours completed in School administration, Early childhood education, Secondary education, Child Development, Special Education, or Human Services (such as Nursing, Psychology, Social Work, Health –related fields, Etc.): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

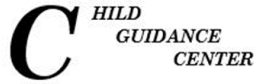
**Certifications**

Type of Certification and Field/Subject	Issued By	Month & Year Issued
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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_



**EMPLOYMENT HISTORY**

Please list previous employment, starting with most recent (You may attach a resume with additional information)

Place of Employment \_\_\_\_\_ Position \_\_\_\_\_

Duties \_\_\_\_\_

Start Date \_\_\_\_\_ Ending Date \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone Number \_\_\_\_\_

Place of Employment \_\_\_\_\_ Position \_\_\_\_\_

Duties \_\_\_\_\_

Start Date \_\_\_\_\_ Ending Date \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone Number \_\_\_\_\_

Place of Employment \_\_\_\_\_ Position \_\_\_\_\_

Duties \_\_\_\_\_

Start Date \_\_\_\_\_ Ending Date \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone Number \_\_\_\_\_

Please list 3 personal references (not related) – Name, Address, Phone Number  
(May we contact the individuals below for references to your work? Yes No If no, please explain)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

By completing this application, you give permission for the child care director to contact your references, verify your past work history, conduct a criminal background check, verify your driving record, and contact your previous employers to determine your suitability in working in the child care center. By signing this application, you affirm that the information is true to the best of your knowledge. You also agree to release the center for any liabilities that result from the verification. Thank you.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

