

Education

	High School	Trade School	Undergraduate College/University	Graduate/Professional
School Name & location				
Years Completed				
Degree/Certificate Awarded				
Date Degree Received				

Courses Completed in Early Childhood Education			
State Mandated 40 Hours	CDA--Date Completed:	SIDS Training	
10 Hour Special Needs	First Aid Cert. Exp. Date:	Other:	
10 Hour Specific Age Group	CPR Training Exp. Date:		
VPK Literacy Trainings	Brain Research Training		

Basic Conversational and Written English are minimum requirements for all teaching positions. Do you speak a second language or American Sign Language? Yes _____ No _____

Special Skills and Qualifications

Summarize any special job-related skills and qualifications acquired from employment or other experience that is not listed above.

Character References

Please give the names, addresses and telephone numbers for two non-related individuals who have known you for a minimum of two (2) years and who are not previous employers. (REQUIRED)

1. _____

2. _____

Employment Experience

Start with your present or most recent job. Include any job-related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, handicap or other protected status.

Name of Organization	Dates Employed		Job Title	Employment Verification (Office Use Only)
Address	From	To	Work Performed	(Initial)
Telephone Number () --	Hourly Rate/Salary			Date
Supervisor	Starting	Final	Reason for Leaving	Rehire? Y / N
Name of Organization	Dates Employed		Job Title	Employment Verification (Office Use Only)
Address	From	To	Work Performed	(Initial)
Telephone Number () --	Hourly Rate/Salary			Date
Supervisor	Starting	Final	Reason for Leaving	Rehire? Y / N
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Address	From	To	Work Performed	(Initial)
Telephone Number () --	Hourly Rate/Salary			Date
Supervisor	Starting	Final	Reason for Leaving	Rehire? Y / N

If you need additional space, please continue on a separate sheet of paper.

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employees at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

1. List three words that describe your personality.

2. What is your personal philosophy on Early Childhood Education?

3. How do you determine if a child care program is successful?

FOR PERSONAL DEPARTMENT USE ONLY

Interview conducted by: _____ Title: _____

Date: _____ Employed: Yes _____ No _____

Job Title: _____ Start Date: _____

Hourly Rate: _____ Employee #: _____ Dept: _____