Early Life Learning, LLC

258 North Rehoboth Boulevard

Milford, DE 19963

(302) 422-3728

GENERAL INFORM	ATION							
Name:	E-mail Address:							
Home Telephone:	Cell :							
Address:								
					Date Available:			
EDUCATION								
Department of Education	Ceritifcation	1:	Classifi	cation:_				
High School Diploma/GEI	ED:Year:Field of Study:							
TECE I:Date:	Grade:		TECE 1	II:	Date:	G	rade:	
College:	Dates Attended:							
Major:	Degree:]	If no, list courses below:			
ECE Courses:1					Credit	ts:(Grade:	
2					Credi	ts:	Grade:	
3					Credi	ts:	Grade:	
4					Credi	ts:	Grade:	
CPR:Exp. Date:	First Aid: Exp. Medication Certified:							
EXPERIENCE								
Previous Employer/Addre	ess			From	To	Position	Hourly Rate	

Do you possess any tal	lents or skills that could be helpful in work	king with children and	
their families?			
List three references.			
Name	Complete Mailing Address	Relationship	
Have you ever been co	onvicted of a crime (other than a traffic viola	ation)?	
	/A		
	n you would like us to know:		
	if you would like us to miow.		
Signature:	re:Date:		
Office use only:			
Date Received:			
Date Called:			
Interview Date:			

^{*}Applications are valid for one year.