

# GOTTA LOVE ME CHILDCARE

## BEFORE AND AFTER SCHOOL PROGRAM

36 W. MAPLE AVE, MERCHANTVILLE, NJ 08109

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PERSONAL INFORMATION				
FIRST NAME		LAST NAME		PHONE NUMBER
ADDRESS				
CITY	STATE		ZIP	EMAIL
SS#:		DATE OF BIRTH		MARITAL STATUS

EMPLOYMENT DESIRED		
POSITION	DATE AVAILABLE TO START	SALARY DESIRED
EMPLOYMENT TYPE	EMPLOYMENT DESIRED. <input type="checkbox"/> Full-time <input type="checkbox"/> Half-time <input type="checkbox"/> Seasonally	

EDUCATION				
DEGREE/COURSE	UNIVERSITY / INSTITUTE	YEAR OF GRADUATION	GRADE	CITY

PREVIOUS EMPLOYMENT				
COMPANY NAME	REASON FOR LEAVING	JOB DUTIES	POSITION	PAY

### SKILLS

1. _____	3. _____
2. _____	4. _____

I HEREBY ACKNOWLEDGE THE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND MAY RESULT IN THE TERMINATION OF EMPLOYMENT FOR GIVING FALSE OR MISLEADING INFORMATION. .

DATE :

SIGNATURE :