Puddle Jumpers Learning Center Staff Application

Name:	DOB:		
Address:			
City		State	Zip
Phone Number:	Email:_		
Position Desired:		Date Available:	
Employment Desired: 🗆 F	ull time	asonal/temp Desire	d Pay:
Education School	Location	Years Attended	Degree
References (business Name	& professional only) Title	Company	Phone
Employment History			
Employer (I):	Job Title:		
City& State:	Phone:		
Dates Employed:	Startii	ng Pay:Ending	Pay:
Reason for Leaving:			

Employer (2):	Job Titl	e:		
City& State:	Phone:			
Dates Employed:	Starting Pay:	Ending Pay:		
Reason for Leaving:				
Employer (3):	Job Title:			
City& State:	Phone:			
Dates Employed:	Starting Pay:	Ending Pay:		
Reason for Leaving:				

Job Application Questions:

Please list any courses, volunteer work, hobbies, or interests that would relate to the position you are applying for:

Why do you want to work in child care?

What is your philosophy of behavior guidance?

What do you feel are your best qualities that you can offer our center?

Anything else you feel is important for us to know?

Signature:_____

Date:_____

Submit Applications to:

Mail: Puddle Jumpers Learning Center 1593 IIth Ave Granite Falls, MN 56241

Email: puddlejumperslc@gmail.com