



EMPLOYMENT APPLICATION

Date of Application _____

Full Name (Last, First, Middle) _____

Physical Address _____

City, State, and Zipcode _____

Email Address _____

Phone Number _____

Social Security Number _____ Date of Birth _____

Are you legally eligible for employment in the U.S.? _____ YES _____ NO

Hours Available to Work _____ To _____ Days of the Week: S M T W T H F S

EDUCATION

High School Name, City and State	Years Completed	Degree or Diploma
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Trade/Tech School, City and State	Years Completed	Degree or Diploma
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College, City and State	Years Completed	Degree or Diploma
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OTHER, City and State

Years Completed

Degree or Diploma

TRAINING/CREDENTIALS

Childcare Facility Part 1 40 Hours Training Completed _____ YES _____ NO

Childcare Facility Part 2 10 Hours Training Completed _____ YES _____ NO

Early Literacy 5 Hour Training Completed _____ YES _____ NO

Safe Sleep/Shaken Baby Syndrome Training Completed _____ YES _____ NO

School Readiness Preservice Training _____ YES _____ NO

ACTIVE DCF STAFF CREDENTIAL _____ YES _____ NO

ACTIVE DCF DIRECTOR CREDENTIAL _____ YES _____ NO

PLEASE ATTACH DCF TRANSCRIPT TO APPLICATION

Other Special Training or Skills:

Have you ever been convicted of a felony? _____ YES _____ NO

1. Have you ever held a child care license with the Department of Children and Families or been registered to provide child care in your home? _____ YES _____ NO

2. While employed in a child care program, have you ever been the subject of disciplinary action, or been the part responsible for a child care facility receiving an administrative fine or other disciplinary action? _____ YES _____ NO



Employment Experience (Present, or most recent, job first)

Company Name	Telephone # ()
Address City / State / Zip	Dates Employed From / To /
Supervisor	Hourly Pay Rate Starting \$ Final \$
Job Title(s)	Reason for Leaving
Description of Work	

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Address City / State / Zip	Dates Employed From / To /
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Address City / State / Zip	Dates Employed From / To /
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Job Title(s)	Reason for Leaving
Description of Work	

Have you omitted any jobs you have ever had from the list above?

Personal / Professional References (other than Relatives or Previous Employers)

Name / Occupation	Name / Occupation	Name / Occupation
Address	Address	Address
City / State / Zip	City / State / Zip	City / State / Zip
Telephone # ()	Telephone # ()	Telephone # ()
E-mail Address	E-mail Address	E-mail Address
Relationship / Years Known	Relationship / Years Known	Relationship / Years Known

I have received and read the Job Description for the position that I am applying for and agree that I meet the Physical Requirements for this job as listed.

Signed:

Applicant's Statement

The information given in this Application is true, correct and complete. If employed, any false or misleading information or omission of facts might result in discharge. I authorize investigation of all information I have given and of my credit, personal and employment history, as may be necessary in making an employment decision. I understand that any employment I accept does not create a contractual obligation upon the employer to continue my employment in the future. I understand I am required to abide by all rules and regulations of the employer.

Signed: