



SCHOOL AGE CHILD CARE EMPLOYMENT APPLICATION

TODAY'S DATE

LAST NAME	FIRST NAME	MIDDLE NAME	
POSITION DESIRED	LOCATION PREFERENCE	HOME TELEPHONE	CELL PHONE
STREET ADDRESS	CITY	STATE	ZIP CODE
DAYS & TIMES AVAILABLE		DATE YOU CAN START	\$ _____ Per Hour MINIMUM HOURLY RATE
CONDITION OF HEALTH	<input type="checkbox"/> NO <input type="checkbox"/> YES HAVE YOU BEEN CONVICTED OF A CRIME?	IF YES, PLEASE EXPLAIN	

EDUCATION *(Begin with the most recent and work backwards)*

NAME OF SCHOOL	DATES ATTENDED	DEGREE RECEIVED	MAJOR SUBJECT

Are you CPR certified? Yes No If yes, when does your training expire? _____

Are you First Aid certified? Yes No If yes, when does your training expire? _____

EMPLOYMENT / VOLUNTEER HISTORY *(Begin with the most recent and work backwards)*

NAME OF EMPLOYER	POSITION	POINT OF CONTACT	DATES (FROM / TO)
STREET ADDRESS	CITY	STATE	ZIP CODE
REASON FOR LEAVING	<input type="checkbox"/> FULL TIME	<input type="checkbox"/> PART TIME	<input type="checkbox"/> TEMPORARY <input type="checkbox"/> VOLUNTEER

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