

# APPLICATION FOR EMPLOYMENT

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A Child's Place Learning Center does not discriminate in employment practices because of race, creed, color, national origin, sex, disability, age, sexual orientation, marital status, nor veteran status.

Upon employment with A Child's Place Learning Center, you must be able to clear a background check, completed by the State Licensing Agency. You will also be required to show proof of identity and citizenship.

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## Applicant's Information

Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
                     Last                    First

Home Address: \_\_\_\_\_  
                                     Street                                    Apt. #                    City                    Zip

Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security #: \_\_\_\_-\_\_\_\_-\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Position for which you are applying: \_\_\_\_\_

Days and Hours willing to work: \_\_\_\_\_

Do you have the current:

	Y	N
Washington State Driver's License		
Washington State Food Handler Card		
HIV/AIDS Training Card		
Infant/Child First Aid CPR Card		
Proof of Bloodborne Pathogen Training		
Tubercular Test Result (Mantoux Method)		
STARS Training		
Portable Background Clearance		
MMR Shot		

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Education

A. High school graduate or General Education Development (GED) test passed?

Yes \_\_\_\_\_ No \_\_\_\_\_

B. Early childhood education course work in high school?

Yes \_\_\_\_\_ No \_\_\_\_\_

C. Post high school training (college, business school, military, etc.)

NAME AND LOCATION	DATES	CREDITS	GRADUATED	DEGREE DATE	MAJOR OR SUBJECT

Conferences/workshops you have attended related to job duties:

TITLE OF CONFERENCE/WORKSHOP	CLOCK HOURS	TRAINER OR SPONSOR

Training and special skills:

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Courses in Early Childhood Education: \_\_\_\_\_

## Employment History

Start with current or most recent employer, include volunteer experience:

1.) Employed by: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Total: \_\_\_\_\_

Hours per week: \_\_\_\_\_ Last Salary or Hourly Wage: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Specific Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact your present employer? Yes \_\_\_\_\_ No \_\_\_\_\_

2.) Employed by: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Total: \_\_\_\_\_

Hours per week: \_\_\_\_\_ Last Salary or Hourly Wage: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Specific Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact your present employer? Yes \_\_\_\_\_ No \_\_\_\_\_

3.) Employed by: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Total: \_\_\_\_\_

Hours per week: \_\_\_\_\_ Last Salary or Hourly Wage: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Specific Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact your present employer? Yes \_\_\_\_\_ No \_\_\_\_\_

Personal/Professional References

NAME	ADDRESS	TELEPHONE #

I certify that the above is true and correct to the best of my knowledge. I understand that untruthful or misleading answers are cause for rejection of my application or dismissal if employed. I authorize an investigation of statements contained in this application which will allow the employer to make an employment decision.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_