

Spring Glen Daycare Center

Application For Employment Or Volunteer Service Licensed Certified Child Care Center

- A. This Center does not discriminate in its hiring process on the base of race, sex, national origin, age and handicapping condition with two exceptions. You must be over 16 years old to work with supervision in a daycare facility. You must be 18 years old to have sole charge of a daycare center group or work in a group home care child placing agency or detention center.
- B. Employment or volunteer service in a licensed childcare agency is conditioned on background check completed by the licensing unit.
- C. Upon employment you will be required to show proof of identity and citizenship.

Position applied for: _____ Date: _____

Name: _____ Birthdate: _____ SSN: _____

Address: _____

Telephone: _____ Expected Salary: _____

Days and hours you are willing to work:

Do you have a current...

- Washington Food Service Worker Permit?
- T.B. Test Results?
- Standard First Aid Card?
- C.P.R. Card?
- Washington State Driver's License?

Yes

No

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Education

A. High School Graduate or General Education Development Test Passed? _____

B. Early Childhood Education Coursework in High School? _____

Post High School Training (College, Business School, Military, Etc.)

Names and Location Dates Credits Earned Graduated? Degree/Date Major

_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Conferences, Workshops You've Attended Related to Job Duties:

Title of Conference/Workshop

Clock Hours

Trainer

_____	_____	_____
_____	_____	_____

Employment History (Start with current or most recent employer include volunteer experience)

Employed By: _____ Dates from: _____ To _____

Phone Number: _____ Hours per week: _____ Last Salary: _____

Address: _____

Supervisor: _____ Specific Duties: _____

Reasons for Leaving: _____

Employment History (Start with current or most recent employer include volunteer experience)

Employed By: _____ Dates from: _____ To _____

Phone Number: _____ Hours per week: _____ Last Salary: _____

Address: _____

Supervisor: _____ Specific Duties: _____

Reasons for Leaving: _____

Employment History (Start with current or most recent employer include volunteer experience)

Employed By: _____ Dates from: _____ To _____

Phone Number: _____ Hours per week: _____ Last Salary: _____

Address: _____

Supervisor: _____ Specific Duties: _____

Reasons for Leaving: _____

May we contact your current employer?

Professional/Personal References:

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Have you...

- Had a serious illness or injury or been hospitalized during the past year or had a history of a mental or physical limitation?
- Are you currently under any medication?
- Been diagnosed as chemically dependent, psychopathic, or psychotic?
- Ever been found incompetent to stand trial?
- Do you currently engage in the excessive use of alcohol?
- Have you ever been convicted of a crime? (Declare any pending cases)

Yes	No
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

NOTE: Attach a statement of explanation for any 'yes' answer or for any question on that you don't understand or any question you do not know how to answer to.

I certify that the above information 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: _____