

Education

	Name & Address of School	Course of Study	Check Years Completed	Did you Graduate?	List Diploma or Degree
High School			1 2 3 4	___ Yes ___ No	
Vocational College				___ Yes ___ No	
Undergraduate College			1 2 3 4	___ Yes ___ No	
Graduate School			1 2 3 4	___ Yes ___ No	

Languages

Indicate any foreign languages you can speak, read, and/or write:

Speak: _____ Fair Good Fluent

Read: _____ Fair Good Fluent

Write: _____ Fair Good Fluent

Trainings

Indicate most recent training in the following skills:

	Training Source	Date	# of Hours	Currently Certified?
First Aid				___ Yes ___ No
Infant & Child CPR				___ Yes ___ No
Adult CPR				___ Yes ___ No
Emergency Water Safety				___ Yes ___ No

Describe any specialized training, workshops, seminars, internships, skills or extra-curricular activities:

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Dates Employed	Work Performed
Address		
Phone #	Start Pay End Pay	
Job Title/ Supervisor		
Reason for Leaving		

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Phone #	Start Pay End Pay	
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Reason for Leaving		

If you need additional space, please continue on a separate sheet of paper.

Additional Information

List professional, business, or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

Summarize special job-related skills and qualifications acquired from employment or other experiences.

State any additional information you feel may be helpful to us in considering your application.

References (no former employers or relatives)

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Do not answer this question unless you have been informed about the requirements of the job for which you are applying.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job for which you have applied? A description of the activities involved should be available with this application.

_____ Yes

_____ No

Applicant's Statement

I certify that answers given are true and complete to the best of my knowledge.

I authorize investigation of all statements in this application for employment as maybe necessary in arriving at an employment decision.

I understand and acknowledge that, unless defined be applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without any written document or by conduct unless such changes is specifically acknowledged in writing by an authorized executive of this organization.

I also understand that any offer of employment will be conditional upon my successful completion of a state Applicant Background Study and documentation of my credentials, work experience, and accredited child development training courses necessary to verify with Department of Human Services licensing requirements.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of applicant

Date