

Application for Employment

Fully complete both pages of form

Date of Application

Please Print

Social Security Number	Last Name	First Name	Middle Name
Address – Street Number and Name		City	County
State	Zip Code	Phone (Home or where you can be reached)	Business Phone

Position Applied For: _____

Date of Birth: _____ / _____ / _____ N.C. Drivers License Number _____
Month Day Year

Have you ever been convicted of breaking a law other than a minor traffic violation? The offense and how recently you were convicted will be evaluated in relation to the job for which you are applying.

_____ YES _____ NO if yes, give the date and fully explain on an additional piece of paper if more space is needed.

EDUCATION

Circle the highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED College 1 2 3 4

Schools	Name and Location	Dates Attended	Course of Study	Degree/Diploma
High School		to		
Community College or College or University		to		
Graduate or Professional		to		
Educational, Vocational Schools, etc.		to		

Child care training you have completed in the last three years (such as first aid, CPR, Child Care Credential, CDA)

REFERENCES

List the names and phone numbers of two people we may contact as references:

WORK HISTORY

(List child care/early childhood experience first. List any additional childcare experience on a separate sheet. Include dates)

Current or Last Employer				Address	
Job Title		Supervisor's Name		Number Supervised by You	
Date Employed (Month/Year)	Starting Salary \$ Per	Ending Salary \$ Per	Reason for Leaving		May we contact employer? Yes No
Date Separated (Month/Year)		Duties			
Full Time	Years	Months	Employer's Phone Number		
Part Time	Years	Months	If part time, number of hours per week:		
Current or Last Employer				Address	
Job Title		Supervisor's Name		Number Supervised by You	
Date Employed (Month/Year)	Starting Salary \$ Per	Ending Salary \$ Per	Reason for Leaving		May we contact employer? Yes No
Date Separated (Month/Year)		Duties			
Full Time	Years	Months	Employer's Phone Number		
Part Time	Years	Months	If part time, number of hours per week:		
Current or Last Employer				Address	
Job Title		Supervisor's Name		Number Supervised by You	
Date Employed (Month/Year)	Starting Salary \$ Per	Ending Salary \$ Per	Reason for Leaving		May we contact employer? Yes No
Date Separated (Month/Year)		Duties			
Full Time	Years	Months	Employer's Phone Number		
Part Time	Years	Months	If part time, number of hours per week:		

I certify that I have given true, accurate and complete information on this form to the best of my knowledge. In the event confirmation is needed in connection with my work, I authorize educational institutions, associations, registration and licensing boards, and others to furnish whatever detail is available concerning my qualifications. I authorize investigations of all statements made in this application and understand that false information of documentation, or a failure to disclose relevant information may be grounds for rejection of my application, disciplinary action, or dismissal if I am employed, and (or) criminal action. I further understand that dismissal or unemployment shall be mandatory if fraudulent disclosures are given to meet position qualifications.

Signature of Applicant _____ Date _____