

Sample
Application for Employment or Volunteer Services
Licensed or Certified Early Learning/Child Care Program

1. Name of Early Learning/Child Care Program						
2. Position for which you are applying				3. Date		
4. Your Name		5. Are you 14 years or older? Yes <input type="checkbox"/> No <input type="checkbox"/>		6. Social Security Number		
7. Your Home Address				8. Telephone Number		
9. Days and hours you are willing to work				10. Expected Salary		
11. Do you have documentation of:						
Prevention of exposure to blood and body fluids training?				YES	NO	
				<input type="checkbox"/>	<input type="checkbox"/>	
Tuberculosis test or treatment within the last 12 months?				<input type="checkbox"/>	<input type="checkbox"/>	
Current first aid training?				<input type="checkbox"/>	<input type="checkbox"/>	
Current Child and Adult Cardiopulmonary Resuscitation (CPR) training?				<input type="checkbox"/>	<input type="checkbox"/>	
Current Infant Cardiopulmonary Resuscitation (CPR) training?				<input type="checkbox"/>	<input type="checkbox"/>	
Washington Food Worker card?				<input type="checkbox"/>	<input type="checkbox"/>	
12. Education:						
High school graduate or General Education Development (GED) test passed?				YES	NO	
				<input type="checkbox"/>	<input type="checkbox"/>	
Early childhood education course work in high school?				<input type="checkbox"/>	<input type="checkbox"/>	
Post high school training (college, business school, military, etc.)?				<input type="checkbox"/>	<input type="checkbox"/>	
Name and Location of Education		Dates Attended	Credits Earned	Did you Graduate?	Degree/Date	Major/Subject
13. Conferences/workshops you have attended related to job duties:						
Title of Conference/Workshop			Clock Hours	Trainer or Sponsor		
14. Training and Special Skills						
15. Courses in Early Education						

16. Employment history (start with current or most recent employer, include volunteer experience):			
Employed by:	Telephone #:	From Mo/Yr:	
Address	City	State	Zip code
Duties/Responsibilities			Total time employed
			Hour Per Week Last Salary
Reason for Leaving			Supervisor's Name
Employed by:	Telephone #:	From Mo/Yr:	
Address	City	State	Zip code
Duties/Responsibilities			Total time employed
			Hour Per Week Last Salary
Reason for Leaving			Supervisor's Name
Employed by:	Telephone #:	From Mo/Yr :	
Address	City	State	Zip code
Duties/Responsibilities			Total time employed
			Hour Per Week Last Salary
Reason for Leaving			Supervisor's Name
<i>If more space is needed to write your employment history, attach another sheet of paper or your resume.</i>			
17. May we contact your present employer? Yes <input type="checkbox"/> No <input type="checkbox"/>			
18. References			
Name	Address	Telephone Number	
19. 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.			
Your Signature			Date