

A Place For Kids Early Childhood Academy
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:				YES	NO
Prevention of exposure to blood and body fluids training?				<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:				YES	NO
High school graduate or General Education Development (GED) test passed?				<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
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	To Mo/Yr
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	To Mo/Yr
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	To Mo/Yr
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	

