Application for Employment or Volunteer Services

1. Name of Early Learning/Child Care Program **Parkview Early Learning Center**		
2. Position for which you are applying		3. Date
4. Your Name	5. Are you 14 years or older? Yes ☐ No ☐	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?	☐	☐
Tuberculosis test or treatment within the last 12 months?	☐	☐
Current first aid training?	☐	☐
Current Child and Adult Cardiopulmonary Resuscitation (CPR) training?	☐	☐
Current Infant Cardiopulmonary Resuscitation (CPR) training?	☐	☐
Washington Food Worker card?	☐	☐

12. Education:	YES	NO
High school graduate or General Education Development (GED) test passed?	☐	☐
Early childhood education course work in high school?	☐	☐
Post high school training (college, business school, military, etc.)?	☐	☐

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	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

If more space is needed to write your employment history, attach another sheet of paper or your resume.

17. May we contact your present employer? Yes ☐ No ☐

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