



## APPLICATION FOR EMPLOYMENT OR VOLUNTEER SERVICE LICENSED/CERTIFIED CHILD CARE AGENCY

- A. This agency does not discriminate in its hiring practices on the basis of race, sex, national origin, religion, disabled veteran status, Vietnam Era veteran status, marital status, age, or disability.
- B. Employment or volunteer service in a licensed child care agency is conditioned on a background check completed by the licensing unit.
- C. Upon employment, you will be required to show proof of identity and citizenship.

DATE of Birth:

1. NAME OF AGENCY		3. DATE	
2. POSITION FOR WHICH YOU ARE APPLYING		6. SOCIAL SECURITY NUMBER	
4. YOUR NAME	5. ARE YOU 16 YEARS OR OLDER? <input type="checkbox"/> Yes <input type="checkbox"/> No		8. TELEPHONE NUMBER(S)
7. YOUR HOME ADDRESS	CITY	STATE	ZIP CODE
9. DAYS AND HOURS YOU ARE WILLING TO WORK			10. EXPECTED SALARY

	<b>YES</b>	<b>NO</b>
11. Do you have a current: <b>Washington Food Service Worker permit?</b> (required of all staff persons preparing full meals per WAC 388-150-250, et al)	<input type="checkbox"/>	<input type="checkbox"/>
<b>HIV/AIDS Training Card?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Tubercular test result (Mantoux method)?</b> (required of all staff persons having regular contact with children per WAC 388-150-220, et al)	<input type="checkbox"/>	<input type="checkbox"/>
<b>Multimedia standard first aid card?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Infant-Child Cardiopulmonary resuscitation (CPR) card?</b> (at least one person with first aid/CPR is required to be present in each area per WAC 388-150-200, et al)	<input type="checkbox"/>	<input type="checkbox"/>

12. Education:

a. High school graduate or General Education Development (GED) test passed?    Yes    No

b. Early childhood education course work in high school?    Yes    No

c. Post high school training (college, business school, military, etc.):

NAME AND LOCATION	DATES	CREDITS EARNED	GRADUATED?	DEGREE/DATE	MAJOR OR 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 CHILDHOOD EDUCATION

YOUR NAME				SOCIAL SECURITY NUMBER	
EMPLOYED BY:		TELEPHONE NUMBER		FROM (MONTH, YEAR)	
ADDRESS		CITY	STATE	ZIP CODE	TO (MONTH, YEAR)
SPECIFIC DUTIES	_____				TOTAL TIME EMPLOYED
	_____				HOURS PER WEEK/LAST SALARY
	_____				
REASON FOR LEAVING				SUPERVISOR'S NAME	
EMPLOYED BY:		TELEPHONE NUMBER		FROM (MONTH, YEAR)	
ADDRESS		CITY	STATE	ZIP CODE	TO (MONTH, YEAR)
SPECIFIC DUTIES	_____				TOTAL TIME EMPLOYED
	_____				HOURS PER WEEK/LAST SALARY
	_____				
REASON FOR LEAVING				SUPERVISOR'S NAME	
EMPLOYED BY:		TELEPHONE NUMBER		FROM (MONTH, YEAR)	
ADDRESS		CITY	STATE	ZIP CODE	TO (MONTH, YEAR)
SPECIFIC DUTIES	_____				TOTAL TIME EMPLOYED
	_____				HOURS PER WEEK/LAST SALARY
	_____				
REASON FOR LEAVING				SUPERVISOR'S NAME	
EMPLOYED BY:		TELEPHONE NUMBER		FROM (MONTH, YEAR)	
ADDRESS		CITY	STATE	ZIP CODE	TO (MONTH, YEAR)
SPECIFIC DUTIES	_____				TOTAL TIME EMPLOYED
	_____				HOURS 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.**

15. May we contact your present employer?  Yes  No

16. Professional/personal references:

NAME	ADDRESS	TELEPHONE NUMBER

17. 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