

# Application for Employment

Date of Application \_\_\_\_\_

**Please Print** (Fully complete both pages)

|                                  |           |  |                |
|----------------------------------|-----------|--|----------------|
| Last four digits of SSN          | 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. Driver's License Number \_\_\_\_\_  
(month) (day) (year)

Have you ever been convicted of breaking a law other than a minor traffic violation? YES\_\_\_\_ NO\_\_\_\_ If yes, give the date and explain fully. Use an additional piece of paper if more space is needed: \_\_\_\_\_

Have you ever had an abuse or neglect or child maltreatment substantiation? YES\_\_\_\_ NO\_\_\_\_ If yes, list county/State and give the date and explain fully. Use an additional piece of paper if more space is needed: \_\_\_\_\_

(The offense(s) and how recently you were convicted will be evaluated in relation to the job for which you are applying.)

## 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 | Coursed of Study | Degree/Diploma |
|---------------------------------------|-------------------|----------------|------------------|----------------|
| High School                           |                   |                |                  |                |
|                                       |                   | to             |                  |                |
| College or University                 |                   | to             |                  |                |
|                                       |                   | to             |                  |                |
|                                       |                   | to             |                  |                |
|                                       |                   | to             |                  |                |
|                                       |                   | to             |                  |                |
| Graduate or Professional              |                   | to             |                  |                |
|                                       |                   | to             |                  |                |
| Educational, Vocational Schools, etc. |                   | to             |                  |                |
|                                       |                   | to             |                  |                |
|                                       |                   | to             |                  |                |
|                                       |                   | to             |                  |                |

Child care training completed in the last three years (such as First Aid, CPR, Health and Safety Training, ITS-SIDS, CDA etc.):

## References

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

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## Work History

(List child care/early childhood experience first.)

|  |                           |                         |                    |                                    |                       |
|--|---------------------------|-------------------------|--------------------|------------------------------------|-----------------------|
| Current or Last Employer               |                           |                         | Address            |                                    |                       |
| Job Title                              |                           |                         | Supervisor's Name  |                                    | No. Supervised by you |
| Date Employed (mo/yr)                  | Starting Salary<br>\$ Per | Ending Salary<br>\$ Per | Reason for leaving | May we contact employer?<br>yes no |                       |
| Date Separated (mo/yr)                 |                           | Duties:                 |                    |                                    |                       |
| Full Time                              | Years                     | Months                  |                    |                                    |                       |
| Part Time                              | Years                     | Months                  |                    |                                    |                       |
| If part time, number of hours per week |                           |                         |                    |                                    |                       |

|  |                           |                         |                    |                                    |                       |
|--|---------------------------|-------------------------|--------------------|------------------------------------|-----------------------|
| Current or Last Employer               |                           |                         | Address            |                                    |                       |
| Job Title                              |                           |                         | Supervisor's Name  |                                    | No. Supervised by you |
| Date Employed (mo/yr)                  | Starting Salary<br>\$ Per | Ending Salary<br>\$ Per | Reason for leaving | May we contact employer?<br>yes no |                       |
| Date Separated (mo/yr)                 |                           | Duties:                 |                    |                                    |                       |
| Full Time                              | Years                     | Months                  |                    |                                    |                       |
| 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 on unemployment shall be mandatory if fraudulent disclosures are given to meet position qualifications.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_