



Application for Employment or Volunteer Services

Name: _____ SSN: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Email Address: _____ Cell Phone: _____

Are you 18 years or older? Yes No

For which position are you applying? _____

How many days and hours would you like to work: _____

Expected Hourly Rate of Pay: _____

Do you have a current:

- Washington Food Service Worker permit? Yes No
- HIV/AIDS training card? Yes No
- Tubercular test result (Mantoux method)? Yes No
- First Aid/CPR card (infant/child/adult)? Yes No

EDUCATION

- High School graduate or GED? Yes No
- Early childhood education course work in High School? Yes No
- Early childhood education, degree, certificates, credits? Yes No

If yes, please specify:

School Name and Location	Dates Attended	Credits Earned	Date Graduated	Earned Degree	Major/ Subject

Conferences/workshops you have attended related to job duties:

Title of Conference/Workshop	Clock Hours	Trainer or Sponsor

<p>Training & Special Skills</p>	<p>Courses in Early Education</p>
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EMPLOYMENT HISTORY

Start with current or most recent employer; include volunteer experience. Please attach a copy of your resume to this application.

Employed By:	Telephone #	From Month/Year
Address	City, State Zip	To Month/Year
Duties/Responsibilities		Total Time Employed
		Hours Per Week
Reason for Leaving		Supervisor's Name
Employed By:	Telephone #	From Month/Year
Address	City, State Zip	To Month/Year
Duties/Responsibilities		Total Time Employed
		Hours Per Week
Reason for Leaving		Supervisor's Name
Employed By:	Telephone #	From Month/Year
Address	City, State Zip	To Month/Year
Duties/Responsibilities		Total Time Employed
		Hours Per Week
Reason for Leaving		Supervisor's Name

May we contact your present employer?

Yes

No

REFERENCES

Name	Phone	How do you know this person?

I certify that the above information is true and correct to the best of my knowledge. I understand that untruthful or misleading answers are cause for rejection of my application.

Printed Name: _____ Signature: _____

Date: _____