



# Application for Employment

Date\_\_\_\_\_

Fully complete both sides of form- Please print

Last Name:\_\_\_\_\_ First Name:\_\_\_\_\_ Middle:\_\_\_\_\_

NC Driver's License Number: \_\_\_\_\_

Street Address: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

## Education

Circle the highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12 GED College 1 2 3 4

School	Name and Location	Dates Attended	Course of Study	Degree/Diploma
High School		---N/A---		
College or University		to		
		to		
Graduate or Professional		to		
Education, Vocational, etc.		to		
		to		

Child care training you have completed in the last three years (such as First Aid, CPR, CDA, BSAC, etc). \_\_\_\_\_

Education classes you have taken \_\_\_\_\_

**References-** list name, relationship, and contact information for two professional references we may contact. \_\_\_\_\_

\_\_\_\_\_

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## Work History

(List childcare/early childhood experience first. Also include volunteer experience.)

Current or Last Employer		Address	Phone Number
Job Title		Supervisor's Name	Age Taught
Date Employed (mo/yr)	Date Separated (mo/yr)	Reason for Leaving	May we contact? Yes      No
Starting Salary \$                      per	Ending Salary \$                      per	Duties	
Full-Time Employment years                      months			
Part-Time Employment years                      months			
Number of Hours per week			

Current or Last Employer		Address	Phone Number
Job Title		Supervisor's Name	Age Taught
Date Employed (mo/yr)	Date Separated (mo/yr)	Reason for Leaving	May we contact? Yes      No
Starting Salary \$                      per	Ending Salary \$                      per	Duties	
Full-Time Employment years                      months			
Part-Time Employment years                      months			
Number of Hours per week			

Current or Last Employer		Address	Phone Number
Job Title		Supervisor's Name	Age Taught
Date Employed (mo/yr)	Date Separated (mo/yr)	Reason for Leaving	May we contact? Yes      No
Starting Salary \$ _____ per	Ending Salary \$ _____ per	Duties	
Full-Time Employment _____ years _____ months			
Part-Time Employment _____ years _____ months			
Number of Hours per week			

ACWLC is an equal opportunity employer. We do not discriminate on the basis of age, race, color, sex, national origin, disability, religion, or genetics.

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, registrations, licensing boards, and others to furnish whatever detail is available concerning my qualifications. I authorize investigation of all statements made in this application and understand that false information of documentation, or failure to disclose relevant information may be grounds for rejection of my application, disciplinary action, or dismissal if I am employed. I further understand that dismissal upon employment shall be mandatory if fraudulent disclosures are given to meet position qualifications.

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