

MILLVILLE DAY CARE CENTER
APPLICATION

NAME: _____

DATE: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

WHICH PHONE IS EASIER TO CONTACT YOU ON? CELL or HOME

CAN YOU HANDLE BEING OUTSIDE IN THE HEAT? (circle one) YES or NO

SCHOOL COUNTS CERTIFICATE HOLDER: (circle one) YES or NO

HIGH SCHOOL: _____ YEAR GRADUATED: _____

COLLEGE: _____ MAJOR: _____

CREDITS: _____ YEAR GRADUATED: _____

RESUME INCLUDED: (circle one) YES or NO

SKILLS: _____

EXPERIENCE IN THE CLASSROOM WITH CHILDREN: (specify years and school)

CERTIFICATES HELD: _____

ARE YOU FIRST AID /CPR/AED CERTIFIED? (circle one) YES or NO

If so, what dates? _____

ARE YOU PRESENTLY EMPLOYED? (circle one) YES or NO

If yes, where? _____ WORKED HOW LONG? _____

PREVIOUS EMPLOYMENT

PREVIOUS JOB HELD _____ FROM: _____ TO: _____

REASON FOR LEAVING: _____

PREVIOUS JOB HELD _____ FROM: _____ TO: _____

REASON FOR LEAVING: _____

PREVIOUS JOB HELD _____ FROM: _____ TO: _____

REASON FOR LEAVING: _____

MAY WE CALL YOUR PRESENT AND/OR PAST EMPLOYER?
(circle one) YES OR NO

PRESENT SALARY: _____ SALARY YOU WOULD ACCEPT: _____

WHAT ARE YOUR RECREATIONAL ACTIVITIES? _____

POSITION APPLYING FOR? _____

CAN YOU PERFORM THE DUTIES OF THE POSITION? (circle one) YES or NO

HAVE YOU EVER BEEN CONVICTED OF A CRIME THAT WOULD AFFECT
YOUR JOB? (circle one) YES or NO

REFERENCES (NO RELATIVES)

NAME AND OCCUPATION	ADDRESS	PHONE #
1. _____	_____	_____
_____	_____	_____
2. _____	_____	_____
_____	_____	_____

REFERENCES (NO RELATIVES)

NAME AND OCCUPATION

ADDRESS

PHONE #

3. _____

*JOBS ARE TEMPORARY UNTIL REFERENCES ARE CHECKED IN WRITING.
PROBATION PERIOD IS 120 DAYS.

FOR OFFICE USE ONLY

APPOINTMENT: _____

INTERVIEW: _____

COMMENTS: _____

*Millville Day Care Center is an equal opportunity employer and is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability.