

Cobleskill Campus Child Care Center



APPLICATION

PERSONAL INFORMATION:

Last Name	First	Middle	Cell Number
Address			Home Phone Number
Email Address			

EMPLOYMENT DESIRED:

Position Desired	Date you can start:
How did you hear about the position?	Desired Wage:
Time Available: We are open 7:00 to 6:00. Any conflicts?	Days Available: M T W T F
Age Preference: Any: ____ Infant: ____ Toddler: ____ Preschool: ____ School Age: ____	Are you certified in CPR ____ First Aid ____

EDUCATION:

Level	Name & Location of School	Dates Attended	Date of Graduation
High School			
College			
Early Childhood Training			
Special Interests			

BACKGROUND INFORMATION:

Are you a U.S. citizen? Yes ____ No ____

If no, do you have a legal right to work? Yes ____ No ____

Would you require any medical, mental, or physical assistance to perform the duties of the position for which you have applied? _____.

Have you ever been convicted of a crime more serious than a traffic violation or been involved with Child Protective Services in any way? Yes ____ No ____ If yes, please explain: _____

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EMPLOYMENT RECORD:

From	To	Name of Employer	Duties
Salary		Employer's Address	(Duties)
Title		Name and Title of Supervisor	Supervisor's Phone #

From	To	Name of Employer	Duties
Salary		Employer's Address	(Duties)
Title		Name and Title of Supervisor	Supervisor's Phone #

From	To	Name of Employer	Duties
Salary		Employer's Address	(Duties)
Title		Name and Title of Supervisor	Supervisor's Phone #

REFERENCES:

Please give the names of persons who have knowledge of your skills and abilities (other than relatives or friends).

Name	Position	Organization	Address	Telephone

AUTHORIZATION

To the best of my knowledge and belief, all statements made in this application are correct. I authorize investigation of my personal character or employment record and I hereby release all persons providing this information from any liability or damages. I understand that misrepresentation or omission of facts contained in this application is cause for dismissal.

Signature: _____ Date: _____

Office Use Only:

Reference Check:

1. _____

2. _____

3. _____
