

TRINITY LUTHERAN CHILD CARE CENTER JOB APPLICATION

Personal:

Name _____
Last
First
Middle Initial
Maiden

Driver's License _____ State _____ Social Security _____

Address _____ Phone _____

Age _____ Birthdate _____ Sex _____ Marital Status _____

Number of children at home _____ Ages _____

Person to call in an emergency (relationship) _____ Phone _____

I am looking for _____ full-time or _____ part-time employment.

I would be able to start _____ . Church Home: _____

Education:

Grade Completed _____ H.S. Diploma _____ GED _____

Name of College _____ Year completed _____ Major _____

Degree _____ Certificate Title _____

Other Training _____

CPR _____ First Aid _____

Employment History:

List all positions you have held beginning with your most recent position.

Name of Employer	City	State	Position	Average Hours per week	Reason for Leaving Code <small>(See list below)</small>	Dates of Employment	
						Start	End
1. Phone: ()							
2. Phone: ()							
3. Phone: ()							
4. Phone: ()							
5. Phone: ()							
6. Phone: ()							

Other Experience with Children: _____

Health: ___ Excellent ___ Good ___ Fair ___ Poor

References: Please attach a list of 3 non relatives who can describe your personal and/or professional capacity to work in the field of early childhood education. Include full name, relationship, phone, and address.