



JOB APPLICATION

APPLICATIONS FOR EMPLOYMENT MUST BE SUBMITTED IN PERSON. HOWEVER, PLEASE CALL FOR AN APPOINTMENT WITH OUR DIRECTOR TO DROP IT OFF.



Washington State Department of

Early Learning

Application for Employment or Volunteer Services Licensed/Certified Child Care Agency

1. Name of Agency

2. Position for which you are applying

3. Date

4. Your Name

5. Are you 16 years or older? Yes No

6. Social Security Number

7. Your Home Address

8. Telephone Number

9. Days and hours you are willing to work

10. Expected Salary

11. Do you have a current:

Washington Food Service Worker permit?

YES

NO

(required of all staff persons preparing full meals per WAC 170-151-250 & WAC 170-295-3170)

HIV/AIDS training card?

Tubercular test result (Mantoux method)?

(required of all staff persons having regular contact with children per WAC 170-151-220 & WAC 170-295-110)

Multimedia standard first aid card?

Infant-Child Cardiopulmonary Resuscitation (CPR) card?

(required of all staff persons having regular contact with children per WAC 170-151-200 & WAC 170-295-1100)

12. Education:

a. High school graduate or General Education Development (GED) test passed?

Yes

No

b. Early childhood education course work in high school?

Yes

No

c. Post high school training (college, business school, military, etc.):

Yes

No

Name and Location

Dates Attended

Credits Earned

Did you Graduate?

Degree/Date

Major/Subject

13. Conferences/workshops you have attended related to job duties:

Title of Conference/Workshop

Clock Hours

Trainer or Sponsor

14. Training and Special Skills

15. Courses in Early Education

16. Employment history (start with current or most recent employer, include volunteer experience):

Employed by:	Telephone #:	From Mo/Yr:
Address	City State Zip code	To Mo/Yr
Duties/Responsibilities	Total time employed	
Reason for Leaving	Hour Per Week	
	Last Salary	
Supervisor's Name		
Employed by:	Telephone #:	From Mo/Yr:
Address	City State Zip code	To Mo/Yr
Duties/Responsibilities	Total time employed	
Reason for Leaving	Hour Per Week	
	Last Salary	
Supervisor's Name		
Employed by:	Telephone #:	From Mo/Yr :
Address	City State Zip code	To Mo/Yr
Duties/Responsibilities	Total time employed	
Reason for Leaving	Hour Per Week	
	Last Salary	
Supervisor's Name		

If more space is needed to write your employment history, attach another sheet of paper or your resume.

17. May we contact your present employer?

Yes No

Name	Address	Telephone Number

19. I certify that the above is true and correct to the best of my knowledge. I understand that untruthful or misleading answers are cause for rejection of my application or dismissal if employed. I authorize an investigation of statements contained in this application which will allow the employer to make an employment decision.

Your Signature	Date
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