

APPLICANT INFORMATION

Employee Name: _____ Today's Date: _____

Desired Position: _____ Date Available to Start: _____

Hours Available: _____ Own Transportation: _____

Address/ City/ State/ Zip: _____

Home #: _____ Cell # _____ Email: _____

Church Attending: _____ Pastor Name: _____

High School Diploma: Yes GED: Yes College Degree: Yes College Hours only Yes

Type of Degree: Associates Bachelors MBA CDA Other: _____

Name & location of College/Tech School: _____ Total Hours/Cert: _____

Years of Experience in: ___(yrs) Licensed Facility ___(yrs) YMCA ___(yrs) Church Licensed Facility

___(yrs) Nanny ___(yrs) Other Church Nursery ___(yrs) Public School ___(yrs) Private School

Other Applicable & Educational Experience: _____

6 months or more childcare experience Yes/No Total time _____ Pre-Service Training Yes/No

Current First Aid Yes/No Current CPR Yes/No Current TB Test Yes/No SIDS Test Yes/No

Short Term Goals: _____

Long Term Goals: _____

Do you want to receive the following benefits?

Child Care Discount? If yes, how many children? _____ Comment: _____

Health Insurance? If yes, for self spouse children Already have insurance

Comments: _____

This section to be filled out by Executive Director or Preschool Director:		Campus: NEC / BWC
Position: Dir / Asst Dir / Admn / LT / AT / CUS / LR / Other	FT / PT	Schedule: _____
Classroom _____	Other _____	
Wage requested _____	Approved _____	Not Approved _____
Comments: _____		

Executive Director or Director Signature / Date		Pastor Signature / Date