

# Staff Application

Today's date \_\_\_\_\_  
Starting date \_\_\_\_\_

<b>Name</b> _____	Work phone _____
<b>Address</b> _____	Home phone _____
_____	Soc. Sec. No. _____
_____	Birthdate _____

Education			
Highest grade completed	HS equivalency: Yes / No	CDA: Yes / No	
College:	#Yrs	Major:	Degree earned?

**List courses in child development/care/curriculum & Credits earned**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Work Experience** (begin with most recent)

Title	_____	Duties	_____
Employer	_____	From	_____ To _____
Address	_____	Hours/Wk	_____ Final salary _____
Supervisor	_____	Phone	_____ May we contact? _____

**Work Experience** (continued)

Title	_____	Duties	_____
Employer	_____	From	_____ To _____
Address	_____	Hours/Wk	_____ Final Salary _____
Supervisor	_____	Phone	_____ May We Contact? _____

**Describe any additional experience relating to group care of children**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have a current driver's license? \_\_\_\_\_ Will you drive to work? \_\_\_\_\_

**References: List professional references, if available:**

Name	_____	Address	_____	Phone	_____
Name	_____	Address	_____	Phone	_____
Name	_____	Address	_____	Phone	_____

I hereby certify that all the entries on this application are true.  
Signature: \_\_\_\_\_

For Center use only: Recommend: Yes \_\_\_ No \_\_\_ Initial \_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reference Checks:

1. Name \_\_\_\_\_ Date Contacted \_\_\_\_\_ Contacted By \_\_\_\_\_  
Relationship to applicant: \_\_\_\_\_  
Results of check: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Name \_\_\_\_\_ Date Contacted \_\_\_\_\_ Contacted By \_\_\_\_\_  
Relationship to applicant: \_\_\_\_\_  
Results of check: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Name \_\_\_\_\_ Date Contacted \_\_\_\_\_ Contacted By \_\_\_\_\_  
Relationship to applicant: \_\_\_\_\_  
Results of check: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sign this form and return or fax both pages to Child's Play, Inc. at **703-478-9741**  
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