EMPLOYMENT APPLICATION CHILD CARE FACILITY

Name: Glace Anne T Wenceslao Social Security Number: _____

Mailing Address: _____ Phone: _____

_____ _____ _____
City State Zip

Position Applying For: _____

Are you age 18 or Older? Yes ☐ Are you age 21 or Older? Yes ☐

EDUCATION

Years Completed 12

Did you graduate from High School? Yes ☐

Did you receive a G.E.D.? Yes ☐

Name of High School: _____

	Name and Location of School	Dates Attended	Degree Type and Year.	Major Field of Study
College or University				
College or University				
Technical or Vocational				
Technical or Vocational				

(Use additional paper if needed)

Describe any other relevant training you have. Give date, location, and the organization sponsoring the training.

List current professional licenses, certificates, or memberships in professional organizations.

Are you willing to participate in continuing education and training for this position? Yes ☐

Do you have a Driver's License? Yes ☐

If Yes, please list State and license number: _____

If "No" are you willing and able to obtain one?

EMPLOYMENT AND EXPERIENCE

List all positions held in the last 10 years, beginning with the most recent. If you provide this information in resume format, be sure to include the information requested below. If you were not employed, list your whereabouts for the last 2 years.

Dates	Position	Job Duties	Employer	Address

(Use additional paper if needed)

Describe any duties of your positions that are relevant to child care or adult care, including direct care giving, supervision of child or adult care personnel or programs, management or administration.

Describe any other relevant experience or skills you have. Include volunteer work. Give details, location, supervisor, etc.

REFERENCES

List at least three people, including two who are not related to you, who can comment on your character and your ability to work with children.

Name	Mailing Address	Telephone Number

May we contact your present employer for a reference? Yes ☐ No ☐

PERSONAL HISTORY

Have you been previously licensed to care for child(ren) or adults?

NO ☐ YES ☐ If yes, indicate city, state and type of care (child care home, child or adult foster care, etc.) and dates of licensure:

Have you ever had a license to care for children or adults revoked or denied in Alaska or any other state?

NO ☐ YES ☐ If yes, attach an explanation

Have you ever been investigated for child or elder abuse or neglect?

NO ☐ YES ☐ If yes, attach an explanation.

Do you have any physical, health, mental health or behavioral problem that might pose a significant risk to the health, safety, or well-being of children or adults?

NO ☐ YES ☐ If yes, attach an explanation.

Do you have a domestic violence problem or an alcohol or other substance abuse problem that might pose a significant risk to the health, safety or well-being of children?

NO ☐ YES ☐ If yes, attach an explanation.

Have you been convicted of a crime or charged with a criminal offense in the last 10 years?

NO ☐ YES ☐ If yes, attach an explanation.

Have you ever been convicted of or charged with a felony, crime involving domestic violence, or a sex crime?

NO ☐ YES ☐ If yes, attach an explanation.

I certify that the contents of this form and information provided with it are true, accurate, and complete. I authorize the employer to contact persons listed as references and I understand that the employer may contact others to verify information contained here.

Signature _____ Date _____