



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 <input type="checkbox"/> No <input type="checkbox"/>		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? (required of all staff persons preparing full meals per WAC 170-151-250 & WAC 170-295-3170)				YES <input type="checkbox"/>	NO <input type="checkbox"/>	
HIV/AIDS training card?				<input type="checkbox"/>	<input type="checkbox"/>	
Tubercular test result (Mantoux method)? (required of all staff persons having regular contact with children per WAC 170-151-220 & WAC 170-295-110)				<input type="checkbox"/>	<input type="checkbox"/>	
Multimedia standard first aid card?				<input type="checkbox"/>	<input type="checkbox"/>	
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)				<input type="checkbox"/>	<input type="checkbox"/>	
12. Education:						
a. High school graduate or General Education Development (GED) test passed?				Yes <input type="checkbox"/>	No <input type="checkbox"/>	
b. Early childhood education course work in high school?				Yes <input type="checkbox"/>	No <input type="checkbox"/>	
c. Post high school training (college, business school, military, etc.):				Yes <input type="checkbox"/>	No <input type="checkbox"/>	
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
Duties/Responsibilities			Total time employed
			Hour Per Week
			Last Salary
Reason for Leaving			Supervisor's Name
Employed by:	Telephone #:	From Mo/Yr:	
Address	City	State	Zip code
Duties/Responsibilities			Total time employed
			Hour Per Week
			Last Salary
Reason for Leaving			Supervisor's Name
Employed by:	Telephone #:	From Mo/Yr :	
Address	City	State	Zip code
Duties/Responsibilities			Total time employed
			Hour Per Week
			Last Salary
Reason for Leaving			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 <input type="checkbox"/> No <input type="checkbox"/>			
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