

LearnRGV
Educational CHILD CARE CENTER

APPLICATION FOR EMPLOYMENT

NAME: _____ DOB: _____

SSN: _____ Email Address _____

ADDRESS: _____
(STREET) (CITY, STATE, ZIP)

PHONE NUMBER: _____
(HOME) (WORK) (CELL)

EMPLOYMENT PREFERNCES: (Check all that apply):

Part time _____ Full time _____ Temporary _____

Are you available to work anytime between the hours of 6am-6pm? Yes or No

Salary desired _____

Position applying for _____

How did you find out about this position? _____

EDUCATION BACKGROUND:

_____ High School Graduate (from) _____ on _____

_____ Obtained GED (from) _____ on _____

_____ Attended College/University (at) _____

Graduated: _____

_____ Attended Technical/Vocational School (at) _____

Graduated: _____

PLEASE ATTACH ANY TRANSCRIPTS AVAILABLE

WORK EXPERIENCE: (Beginning with current or last employer)

DATES EMPLOYED	POSITION	EMPLOYER	SUPERVISOR	PHONE NUMBER
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Please list and describe the duties of any previous positions that you think would help you in the child development field: _____

May we call previous employers for references? _____

Are you willing to continue your education by participating in recommended and/or required training programs? _____

