

DAY CARE STAFF DATA SHEET

NAME OF DAY CARE FACILITY:	SATELLITE SITE:
YOUR NAME:	DATE OF BIRTH:
ADDRESS:	TELEPHONE NO.:

EDUCATION	
NAME OF HIGH SCHOOL:	GRADE COMPLETED:
ADDRESS:	DATE COMPLETED:
NAME OF COLLEGE:	SEMESTER HOURS COMPLETED:
ADDRESS:	DEGREE EARNED:
PLEASE ATTACH TRANSCRIPT	

EMPLOYMENT EXPERIENCE		
Please list your three most recent employers, dates of employment, and describe the type of work you performed. Continue on the reverse side if necessary.		
NAME OF EMPLOYER:		
ADDRESS:		
DATES OF EMPLOYMENT: START: END:	JOB DESCRIPTION:	TITLE:
NAME OF EMPLOYER:		
ADDRESS:		
DATES OF EMPLOYMENT: START: END:	JOB DESCRIPTION:	TITLE:
NAME OF EMPLOYER:		
ADDRESS:		
DATES OF EMPLOYMENT: START: END:	JOB DESCRIPTION:	TITLE:
NAME OF EMPLOYER:		
ADDRESS:		
DATES OF EMPLOYMENT: START: END:	JOB DESCRIPTION:	TITLE:

PRESENT POSITION	
In the spaces below, please complete information regarding the position for which you are applying or for which you have been hired:	
<input type="checkbox"/> ADMINISTRATION	<input type="checkbox"/> GROUP SUPERVISOR
<input type="checkbox"/> DIRECTOR	<input type="checkbox"/> ASSISTANT GROUP SUPERVISOR
<input type="checkbox"/> AIDE	<input type="checkbox"/> FOOD SERVICE
<input type="checkbox"/> OTHER	
IF OTHER, PLEASE SPECIFY:	DATE YOU CAN START:
DAYS OF WEEK YOU WILL BE AVAILABLE FOR WORK:	HOURS OF THE DAY YOU WILL BE AVAILABLE FOR WORK:

_____ SIGNATURE OF APPLICANT/EMPLOYEE

_____ DATE SIGNED

***FOR EMPLOYER'S USE:** Employee's starting date in a child care position

MO.	DAY	YEAR