

Date of Application	Date/Time of Interview: ____/____/____ :____ AM/PM
How were you referred to us:	Position Applied For:

Applicant Data

Full Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Mobile: _____ Email: _____

Date Available to Start: _____ Social Security Number: - - Min. Salary Acceptable: _____

Position Desired: _____ Hours Available: _____

Have you ever worked for COTC before? Yes No If yes, when: _____

Type of employment desired? Full-Time Part-Time Do you have reliable transportation? Yes No

Will you require childcare: Yes No If yes, age of child(ren): _____

Education History

Name & Location of High School: _____ Year Graduated: _____

Name & Location of College: _____ Major: _____ Year Graduated: _____

Name & Location of College: _____ Major: _____ Year Graduated: _____

Technical Training: _____ Curriculum: _____ Year Graduated: _____

Are you planning to further your education: _____ When: _____

Why have you chosen childcare? _____

Credentials or Certificates Held

List courses of study and/or training earned in Early Childhood Education, Child Development, and/or Childcare

Previous Employment (begin with most recent position)

Dates of Employment: From: / / To: / / Position(s) Held:

Company Name: Address:

City: State: Zip:

Phone: Supervisor: Title:

Responsibilities:

Starting Salary and Title: Ending Salary and Title:

Reason for Leaving:

May we contact this employer for a reference? Yes No

Dates of Employment: From: / / To: / / Position(s) Held:

Company Name: Address:

City: State: Zip:

Phone: Supervisor: Title:

Responsibilities:

Starting Salary and Title: Ending Salary and Title:

Reason for Leaving:

May we contact this employer for a reference? Yes No

Dates of Employment: From: / / To: / / Position(s) Held:

Company Name: Address:

City: State: Zip:

Phone: Supervisor: Title:

Responsibilities:

Starting Salary and Title: Ending Salary and Title:

Reason for Leaving:

May we contact this employer for a reference? Yes No

Previous Employment (continued)

Dates of Employment: From: / / To: / / Position(s) Held:

Company Name: Address:

City: State: Zip:

Phone: Supervisor: Title:

Responsibilities:

Starting Salary and Title: Ending Salary and Title:

Reason for Leaving:

May we contact this employer for a reference? Yes No

Physical Record

Are there any physical or personal limitations on the type of work that you can do with children at school or the amount of time you can spend at work? Yes No

If Yes, please explain:

Date of Last Physical:

References

Please list 3 references, not including relatives or former supervisors:

Name:

Address: City: State:

Occupation: Phone:

Name:

Address: City: State:

Occupation: Phone:

Name:

Address: City: State:

Occupation: Phone: