



# Piedmont Child Care Center

Alice Shugars Fitch, Director

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## EMPLOYMENT APPLICATION

Name: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Social Security #: \_\_\_\_\_

### EDUCATION:

Check highest grade completed:  8  9  10  11  12 Graduate:  Yes  No

High School Equivalency  Diploma  CDA

Check highest college level:  1  2  3  4  5  6

List Degrees earned: \_\_\_\_\_

### LIST COURSES IN DEVELOPMENT/CARE OF CHILDREN (ATTACH TRANSCRIPT):

Date Completed	Course Title	# of Credits	School	City & State

### EMPLOYMENT EXPERIENCE (MOST RECENT FIRST):

(1)  
 Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Title: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Supervisor: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
 May we contact them for a reference?  Yes  No

(2)  
 Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Title: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Supervisor: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
 May we contact them for a reference?  Yes  No

(3)  
 Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Title: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Supervisor: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
 May we contact them for a reference?  Yes  No

(4)  
 Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Title: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Supervisor: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
 May we contact them for a reference?  Yes  No

PERSONAL CHARACTER REFERENCES:

Name	Address	Telephone #	Relationship

Have you ever been convicted of a felony or misdemeanor?  Yes  No

Please explain: \_\_\_\_\_

Please complete the following questions:

1. Use three (3) words to describe your personality:
2. What importance do they play in teaching and caring for young children?
3. What is your personal philosophy of a child care center?
4. What makes a successful child care program?
5. What skills, talents, and abilities will you bring to this center?

I HEREBY CERTIFY THAT ALL INFORMATION CONTAINED IN THIS APPLICATION AND ATTACHMENTS ARE TRUE.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Name: \_\_\_\_\_ Signature: \_\_\_\_\_