

Application For Employment

Date of Birth ___/___/___

Application Date ___/___/___

Name _____
 Last First Middle

Address _____
 Number Street City State Zip

Telephone Number (____) _____ Cell Phone Number (____) _____

Position applied for _____ Date Available _____

Email (Please write clearly) _____

How did you hear about us _____

Students: Please attach a copy of your current class schedule.

Do you receive State or Federal Work Study? Yes / No Amount \$ _____

Education

Type of School	Name of School	Location	Graduation Date	Major & Degree

Have you been convicted of a crime or is there a criminal charge pending against you? If yes, please explain. _____

Have you ever been convicted of, or is there a criminal charge pending against you that relates to child sexual abuse and their disposition? If yes, please explain. _____

Have you ever been convicted of, or is there a criminal charge pending against you that relates to other forms of child abuse and neglect? If yes, please explain. _____

Have you ever been convicted of, or is there a criminal charge pending against you that relates to any other violent felonies? If yes, please explain. _____

Signature

Date

We will conduct a W.A.T.C.H. (Washington Access to Criminal History) background check prior to employment. All employees are also required to complete a DCYF Criminal Background Check with employment contingent on clearance.

Current/ Most Recent Employers

Name of Employer	Name of Last Supervisor	Date of Employment	May we contact for a reference
Address		From	
City, State, Zip Code		To	No
Phone Number	Your Job Title		
List the jobs you held and duties performed.			

Reason for Leaving

Name of Employer	Name of Last Supervisor	Date of Employment	May we contact for a reference
Address		From	Yes
City, State, Zip Code		To	No
Phone Number	Your Job Title		
List the jobs you held and duties performed.			
Reason for Leaving			

Name of Employer	Name of Last Supervisor	Date of Employment	May we contact for a reference
Address		From	Yes
City, State, Zip Code		To	No
Phone Number	Your Job Title		
List the jobs you held and duties performed.			
Reason for Leaving			

Professional References

Name _____ Position _____ Company _____ Address _____ _____ _____ Telephone () _____	Name _____ Position _____ Company _____ Address _____ _____ _____ Telephone () _____
Name _____ Position _____ Company _____ Address _____ _____ _____ Telephone () _____	You may use your current or past employers as references.

Please list any courses, other work experience, volunteer work, hobbies or interests that would relate to the position you are applying for:

Please list community organizations you are active in:

Application Waiver

I authorize investigation of all statements contained in this application. I hereby give Community Child Care Center permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release Community Child Care Center from any liability as a result of such contact.

Signature of applicant _____ Date ____/____/____

- **EQUAL EMPLOYMENT OPPORTUNITY / NON-DISCRIMINATION STATEMENT:** All actions and decisions concerning hires, promotions, transfers, demotions, terminations, etc., will be made without regard to race, color, religion, national origin, culture, sex, national origin, age, disability, veteran status, medical condition, family composition, gender identity or gender expression, sexual orientation, public assistance recipient status or reprisal or retaliation for prior civil rights activities or any other statues protected under Federal or State Law.

Thank you for completing the application form and for your interest in Community Child Care Center.