

**APPLICATION FOR EMPLOYMENT
UNIVERSITY CARILLON EARLY LEARNING CENTER**

NAME _____ **DATE** _____

ADDRESS _____

PHONE (Home) _____ **(Cell)** _____

E-MAIL ADDRESS _____

EMERGENCY CONTACT _____

Phone _____ **Relationship** _____

EDUCATION: (Highest Completed) AA/AS _____ (field)

BA/BS _____ (field) MASTERS _____ (field)

OTHER _____ HS (or GED) _____

DCF 45 HOURS _____ CDA _____ CPR/FIRST AID _____

CHURCH MEMBERSHIP _____

EMPLOYMENT HISTORY (past 5 years minimum)

Dates of Employment	Name of Business	Phone & Contact Name	Reason for Leaving

May we contact the above? ____ Yes ____ No

1. Have you ever held a child care license with the Department of Children and Families or been registered to provide child care in your home? ____ Yes ____ No

2. While employed in a child care program, have you ever been the subject of disciplinary action, or been the part responsible for a child care facility receiving an administrative fine or other disciplinary action? ____ Yes ____ No

PERSONAL REFERENCES (other than relatives)

Name	Phone	Occupation	Known How Long?

