

References

List the names, addresses and phone numbers of two people we may contact as references:

Work History

(List child care/early childhood experience first.)

Current or Last Employer			Address			
Job Title			Supervisor's Name		No. Supervised by you	
Date Employed (mo/yr)		Starting Salary \$ Per	Ending Salary \$ Per	Reason for leaving	May we contact employer? yes no	
Date Separated (mo/yr)			Duties:			
Full Time	Years	Months				
Part Time	Years	Months				
If part time, number of hours per week						

Current or Last Employer			Address			
Job Title			Supervisor's Name		No. Supervised by you	
Date Employed (mo/yr)		Starting Salary \$ Per	Ending Salary \$ Per	Reason for leaving	May we contact employer? yes no	
Date Separated (mo/yr)			Duties:			
Full Time	Years	Months				
Part Time	Years	Months				
If part time, number of hours per week						

I certify that I have given true, accurate, and complete information on this form to the best of my knowledge. In the event confirmation is needed in connection with my work, I authorize educational institutions, associations, registration, and licensing boards, and others to furnish whatever detail is available concerning my qualifications. I authorize investigations of all statements made in this application and understand that false information of documentation, or a failure to disclose relevant information may be grounds for rejection of my application, disciplinary action, or dismissal if I am employed, and (or) criminal action. I further understand that dismissal on unemployment shall be mandatory if fraudulent disclosures are given to meet position qualifications.

Signature of Applicant _____ Date _____