Verhills Child Development Center
The sky's the limit!

EMPLOYMENT APPLICATION

Date Of Application: _____

Please Print

Last Four Of SSN	Last name	First Name	Middle Initial

Street Address	City	County

State	Zip Code	Phone	Alternate Phone

Position Applied For: _____

Date Of Birth: _____ Driver License Number: _____

(month) / (day) / (year)

Have you ever been convicted of breaking a law other than a minor traffic violation? Yes No

If yes, please provide the date and explain in full detail: _____

_____

Have you ever had an abuse, neglect or child maltreatment substantion? Yes No

If yes, list County/State, date, and explain in detail: _____

EDUCATION

Circle Highest Level Completed: <10 / 10 / 11 / 12 / 13 / 14 / >14 GED

School	Name & Location	Dates Attended	Course of Study / Degree
High School			
College / University			
Graduate / Professional			
Educational / Vocational			

Child Care Training completed in the past three years (CPR, First Aid, Safety & Training, etc.)

_____

_____

REFERENCES

Name	Contact Information	Years Known