

**VALLEY CHILD CARE
EMPLOYMENT APPLICATION
5041 W. UNION HILLS, GLENDALE AZ**

DATE: _____ DESIRED POSITION: _____ DESIRED SALARY: _____
NAME: (FIRST, MIDDLE, LAST) _____
SOCIAL SECURITY # _____ DATE OF BIRTH: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
PHONE NUMBER: (____) _____ SPOUSES NAME: _____
WHICH OF FOLLOWING WOULD YOU ACCEPT: PART TIME _____ FULL TIME _____ TEMPORARY _____
ARE YOU AVAILABLE TO WORK OVERTIME: YES _____ NO _____
CHECK ALL SHIFTS YOU CAN WORK: 6 AM - 2 PM _____ 7 AM - 3 PM _____ 8 AM - 4 PM _____ 10 AM - 6 PM _____
TIMES AVAILABLE FOR TRAINING AND/OR INTERVIEWS: _____
DATE AVAILABLE TO START EMPLOYMENT: _____

EDUCATION

HIGH SCHOOL: _____ ATTENDED FROM: _____ TO: _____
ADDRESS: _____ SUBJECTS STUDIED: _____
DID YOU GRADUATE: YES _____ NO _____ WHAT YEAR: _____
COLLEGE/UNIVERSITY: _____ ATTENDED FROM: _____ TO: _____
ADDRESS: _____ SUBJECTS STUDIED: _____
DID YOU GRADUATE: YES _____ NO _____ WHAT YEAR: _____
TRADE SCHOOL: _____ ATTENDED FROM: _____ TO: _____
ADDRESS: _____ SUBJECTS STUDIED: _____
DID YOU GRADUATE: YES _____ NO _____ WHAT YEAR: _____

LIST ANY CHILD DEVELOPMENT PROGRAMS OR COURSES THAT YOU ATTENDED: _____

LIST ANY PERSONAL INTEREST (I.E., SINGING, SPORTS, READING, ETC.) _____

ADDITIONAL SKILLS OR AWARDS (I.E., PUBLIC SPEAKING, LANGUAGES, ETC.) _____

HAVE YOU HAD FIRST AID: YES _____ NO _____ HAVE YOU HAD CPR: YES _____ NO _____

ADDITIONAL COMMENTS: _____

EMERGENCY CONTACT: NAME: _____ PHONE: _____

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**EMPLOYMENT HISTORY COVERING THE LAST SEVEN YEARS
LIST EMPLOYERS STARTING WITH THE MOST RECENT**

CURRENT EMPLOYER: _____ **POSITION HELD:** _____
ADDRESS: _____ **PHONE:** (____) _____
NAME OF SUPERVISOR: _____ **EMPLOYMENT DATES:** _____
PRIMARY DUTIES: _____
REASON FOR LEAVING: _____ **SALARY:** _____

EMPLOYER: _____ **POSITION HELD:** _____
ADDRESS: _____ **PHONE:** (____) _____
NAME OF SUPERVISOR: _____ **EMPLOYMENT DATES:** _____
PRIMARY DUTIES: _____
REASON FOR LEAVING: _____ **SALARY:** _____

EMPLOYER: _____ **POSITION HELD:** _____
ADDRESS: _____ **PHONE:** (____) _____
NAME OF SUPERVISOR: _____ **EMPLOYMENT DATES:** _____
PRIMARY DUTIES: _____
REASON FOR LEAVING: _____ **SALARY:** _____

EMPLOYER: _____ **POSITION HELD:** _____
ADDRESS: _____ **PHONE:** (____) _____
NAME OF SUPERVISOR: _____ **EMPLOYMENT DATES:** _____
PRIMARY DUTIES: _____
REASON FOR LEAVING: _____ **SALARY:** _____

PERSONAL REFERENCES

LIST TWO REFERENCES NOT RELATED TO YOU:

NAME: _____ **ADDRESS:** _____
PHONE NUMBER HOME: (____) _____ **PHONE NUMBER WORK:** (____) _____
NAME: _____ **ADDRESS:** _____
PHONE NUMBER HOME: (____) _____ **PHONE NUMBER WORK:** (____) _____

I CERTIFY THAT ANSWERS GIVEN HEREIN ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. THIS APPLICATION FOR EMPLOYMENT SHALL BE CONSIDERED ACTIVE FOR A PERIOD OF TIME NOT TO EXCEED 45 DAYS. ANY APPLICANT WISHING TO BE CONSIDERED FOR EMPLOYMENT BEYOND THIS TIME PERIOD SHOULD INQUIRE AS TO WHETHER OR NOT APPLICATIONS ARE BEING ACCEPTED AT THAT TIME. I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION MAY RESULT IN IMMEDIATE TERMINATION OF EMPLOYMENT.

SIGNATURE OF APPLICANT: _____
DATE: _____