

**Growing Friends Child Care Employment Application**

\_\_\_\_\_  
NAME PHONE NUMBER

\_\_\_\_\_  
ADDRESS

Department of Public Welfare requires all applicants to be at least 18 years of age.

ARE YOU 18 YEARS OF AGE OR OLDER? YES NO

**EDUCATION**

(Must be a high school graduate or have your GED)

High School: \_\_\_\_\_

Date of Graduation: \_\_\_\_\_

College \_\_\_\_\_

# of Credits earned: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_ Degree earned \_\_\_\_\_

Please list any Continuing Education Classes you may have taken:

\_\_\_\_\_  
\_\_\_\_\_

Please list any special qualifications you have that would be helpful working in a day care

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any experience working with children other than employment i.e. church organizations, youth organizations etc. Please note dates and hours spent working with children in these organizations.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT**

(Please list your most recent employer first)

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_ Job Title \_\_\_\_\_

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**REFERENCES**

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Address \_\_\_\_\_

Phone Number \_\_\_\_\_

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Address \_\_\_\_\_

Phone Number \_\_\_\_\_

I certify that the information presented on this form is true and accurate to the best of my knowledge and belief.

Signature \_\_\_\_\_

Date \_\_\_\_\_

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