## **CHILD CARE EMPLOYEE DATA SHEET**

NAME OF CHILD CARE FACILITY:		SATELLITE SITE:	
YOUR NAME:			DATE OF BIRTH:
ADDRESS:			TELEPHONE NO.:
EDUCATION			
NAME OF HIGH SCHOOL:			GRADE COMPLETED:
ADDRESS:			DATE COMPLETED:
NAME OF COLLEGE:			SEMESTER HOURS COMPLETED:
ADDRESS:			DEGREE EARNED:
PLEASE ATTACH TRANSCRIPT			
EMPLOYMENT EXPERIEN	ICE		
Please list your three most recent employers, dates of employment, and describe the type of work you performed. Continue on the reverse side if necessary.			
NAME OF EMPLOYER:	, ,		
ADDRESS:			
DATES OF EMPLOYMENT:	JOB DESCRIPTION:		TITLE:
START: END:  NAME OF EMPLOYER:			
NAME OF EMPLOYER.			
ADDRESS:			
DATES OF EMPLOYMENT:	JOB DESCRIPTION:		TITLE:
START: END:  NAME OF EMPLOYER:			
ADDRESS:			
DATES OF EMPLOYMENT:	JOB DESCRIPTION:		TITLE:
START: END:			
PRESENT POSITION			
In the spaces below, pleas have been hired:	se complete information regard	ing the position for whic	h you are applying or for which you
ADMINISTRATION	GROUP SUPERVISOR	AIDE	OTHER
DIRECTOR	ASSISTANT GROUP SUPERVISOR	FOOD SERVICE	
IF OTHER, PLEASE SPECIFY:			DATE YOU CAN START:
DAYS OF THE WEEK YOU WILL BE AVAILABLE FOR WORK:  HOURS OF THE DAY YOU WILL BE AVAILABLE TO WORK:			
*FOR EMPLOYER'S USE:		I	
Employee's starting date in a child			
MO. DAY YEARSIGNATURE OF APPLICANT/EMPLOYEE DATE			