

EMPLOYMENT APPLICATION

Date of Application	Positio	n Applied f	or		
Name					
(Last)		(First)		(Middle) State/Zip	
Address			_ City		
Telephone	Date of Birth				
On what date you are available to s	tart work				
Do you have any physical, mental, of applying for? YesNo				job performance in the position for which you are	
Have you ever been convicted of a					
Yes No If yes plea					
Have you been an Ohio Resident fo					
f no, please provide previous addre	ess:				
Are you able to attend trainings tha	t are required by the State of Oh	nio and the	Step Up to Q	uality Program?	
Have you had training in: First Ai	d? Child Abuse	?	Commur	nicable Disease? CPR?	
List any experience(s) you have had					
and the second s					
Why would you like this position?					
Circle the age group you would pref	er: Infants Toddlers	Pre-	School Scho	ool-Age Transportation	

respiration	Dates	Supervisor	Phone
uties			Phone
	Dates		Phone
uties			
lease complete the follow	wing questions:		
1. Use THREE words th	at describe your personality and	explain what importance they p	ay in teaching young children.
2 Milest is your person	al philosophy of a childcare cente	r?	
2. What is your person	ar prinosophry of a chinasan a service		
3. What makes a succes	sful childcare center?		

4. What are your special skills, talents, and abilities that you would bring to this center?