



Destiny Learning Center Employment Application

Name:	DOB:	
Address:	City, State, Zip:	
Phone:	Cell:	Social Security#:
First Aid/CPR Training?		
If hired, what date will you be able to start work?		
Rate of Pay expected?		

Name of High School Attended:		
Highest grade completed:	Graduated?	G.E.D.?
Name of University, College or Business School attended:		
Major:	# of years completed:	Degree(s) earned?
Do you have DCF 45 hours?	Y/N	Do you have VPK Credential? Y/N
List related education courses in Childcare both completed and or enrolled in (or attach transcript(s)).		

Course Title:	Name of School or Organization	# of Credits

Employment Experiences- (List most recent experiences first)

Employer Name:		
Address:	Dates From:	To:
Job Title:	Describes Duties:	
Contact Name:	Phone #:	May We Contact?

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Describe any additional experiences relating to working with young children and/or group care of children. Include amount of time spent working with children and the ages of the children that were in your care.

Name of church in which you are currently an active member?

Briefly describe your relationship with Jesus Christ.

References

List two personal references who are not relatives or former supervisors:

Name:	Telephone:	Occupation:	Years Known:
Name:	Telephone:	Occupation:	Years Known:

In case of accident or illness, please contact:

Name:	Phone #:	Relationship:
Name:	Phone#:	Relationship:

As an applicant to work in a child care facility, I understand that I must submit fingerprints and a local law check prior to The first day of employment and that failure to do so could result in immediate dismissal. I also understand that I must enroll and begin 45 hours of training within 90 days of my employment unless I can produce verification that I have already attended this training. UNDER PENALTY OF PERJURY, I SWEAR AND AFFIRM THAT ALL THE INFORMATION GIVEN WITHIN THIS APPLICATION IS COMPLETE, ACCURATE, AND CORRECT.

I authorize investigation of all statements contained in this application. I understand that if employed, false statements on this application shall be sufficient cause for dismissal. I understand and agree that my employment is for no definite period and may, regardless of the date of payment of wages and salary, be terminated at any time without prior notice.

Signature _____ Date _____

(For Office Use Only)

Date Employed:	Start Date:	Termination Date:
Beginning Salary:	Beginning Schedule:	
Position/Duties:		