

**APEC
STAFF APPLICATION**

DATE

POSITION DESIRED

DATE AVAILABLE

INTERVIEWED BY

NAME (First) (Middle) (Last)

SPOUSE'S NAME

HOME ADDRESS

HOME PHONE/ CELL PHONE

BIRTHDATE

SOCIAL SECURITY NUMBER

If you are under the age of 18, can you submit a work permit if hired? _____

If you are not a US citizen, do you have a Visa to work in the US? _____

If yes, what kind of Visa classification? _____

Has bond or security clearance been denied and/or canceled? _____ Yes _____ No _____

If yes, please explain: _____

EDUCATION (Attach documentation of qualifying education)

	PLACE	DATES	DIPLOMA, CERT, OR DEGREE
Elementary			

Secondary

College

Other

Experience with groups of children (indicate ages of children, your duties, dates of time you worked in this position, reasons for leaving)

Attach documentation of experience working with children.

HAVE YOU ATTENDED/COMPLETED ANY CHILD CARE TRAINING COURSES? _____ YES _____ NO IF YES PLEASE LIST:

ATTACHED PLEASE FIND A TEN YEAR EMPLOYMENT HISTORY, BEGIN WITH YOUR MOST RECENT OR LAST EMPLOYER. IF YOU HAVE BEEN UNEMPLOYED DURING ANY TIME WITHIN THE LAST TEN YEARS, LIST HOW YOU SPENT YOUR TIME, e.g., STUDENT, HOUSEWIFE, UNEMPLOYED, ETC.

May we contact your previous employers? _____

Do you have a criminal record? _____ Yes _____ No

If yes, explain:

Have you ever been shown by credible evidence, e.g., a court order or jury, a department investigation or other reliable evidence to have abused, neglected or deprived a child or adult or to have subjected any person to serious injury as a result of intentional or grossly negligent misconduct? _____Yes _____No
If yes, explain:

Under the Americans with Disabilities Act of 1991, this program is required to reasonably accommodate individuals with disabilities. The reasonable accommodations requirement applies to the application process, any employment testing interviews and actual employment but only if the program supervisor is made aware that an accommodation is required. If you are disabled and require accommodations, you may request it at any time during the interview process. You are obligated to inform the program director of your needs if it will impact your ability to perform the job for which you are applying.

Having read the job description for the position for which your are applying, are you in all respect, able to adequately perform the duties as described? ____Yes ____No
If no, please explain.

Do you have a valid driver's license? _____Yes _____No

If yes, give license number and class of license: _____

Have you had CPR training within the past two years? _____Yes _____No

If yes, give expiration date? _____

Have you had first aid training within the past three years? _____Yes _____No

If yes, give expiration date: _____

Department of Human Resources requires annual childcare training, are you willing to participate? _____Yes _____No

I certify that all information on this application is correct. I have not given any false statement concerning my qualification requirements.

Signature _____ Date _____

APEC
TEN-YEAR EMPLOYMENT RECORD

Social Security Number

NAME

ADDRESS

Record of employment Past 10 years

month/year	Name and Address of Employer	Position	Reason for Leaving
From _____ To _____			
From _____ To _____			
From _____ To _____			
From _____ To _____			
From _____ To _____			
From _____ To _____			
From _____ To _____			
From _____ To _____			
From _____ To _____			
From _____ To _____			
From _____ To _____			
From _____ To__ From _____ To _____			
From _____ To _____			