

**Children First Learning Center
807 Merrillville Rd.
Crown Point, IN 46307**

Date: _____

Name of Applicant: _____
Last First Middle or Maiden

Address: _____ City _____

State: _____ Zip: _____

Telephone: _____ Social Security No. _____

Citizenship: USA _____ Other: _____ Birthdate: _____

Record of Education:

High School: _____ Year Completed 1 2 3 4

Did you graduate: yes no GED

College: _____ Year Completed 1 2 3 4

Degree: _____

Other: _____ Explain: _____

List below all present and past employment, beginning with your most recent.

Name of Employer: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

From: _____ To: _____ Wage: _____

Describe in detail the work you did: _____

Reason for Leaving: _____

Name of Supervisor: _____

Name of Employer: _____ **Phone:** _____

Address: _____

City: _____ State: _____ Zip: _____

From: _____ To: _____ Wage: _____

Describe in detail the work you did: _____

Reason for Leaving: _____

Name of Supervisor: _____

Name of Employer: _____ **Phone:** _____

Address: _____

City: _____ State: _____ Zip: _____

From: _____ To: _____ Wage: _____

Describe in detail the work you did: _____

Reason for Leaving: _____

Name of Supervisor: _____

Write Your Educational Philosophy: _____

What Do You Feel Most Qualifies You For This Position? _____

What Are Your Professional Goals? _____

Would you be willing to continue your education by taking college courses or in-service training if recommended to do that? _____

Availability:

Lists days and times, you are available to work.

References:

List names and addresses of three references.

I give permission to contact references

_____ Date _____
(Signature)

Please list the phone numbers you can be reached at:

Please list email address you can be reached at:
