

# APPLICATION FOR EMPLOYMENT

(Please circle which school you are applying for.)

**Hunter Mill**  
PO Box 3121  
Oakton, VA 22124  
(703) 938-7755

**Cedar Lane**  
3035 Cedar Lane  
Fairfax, VA 22031  
(703) 560-4379

**Holly Brook**  
2455 Gallows Rd.  
Dunn Loring, VA 22027  
(703)573-7800

Date: \_\_\_\_\_  
Name: \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address: \_\_\_\_\_ Work Phone \_\_\_\_\_  
Soc Sec# \_\_\_\_\_

## EDUCATION

Circle highest grade completed: 8 9 10 11 12 HS Equiv Diploma CDA? Y \_\_\_\_\_ N \_\_\_\_\_

Circle number of years of College 1 2 3 4 5 6 Degree(s) earned \_\_\_\_\_

List Courses in Development/Care of Children and # of credits earned (or attach a transcript):

<u>COURSE TITLE</u>	<u># OF CREDITS</u>	<u>COURSE TITLE</u>	<u># OF CREDITS</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## WORK EXPERIENCE

Describe work experience, beginning with the most recent:

1. Job Title: \_\_\_\_\_ Duties: \_\_\_\_\_  
Employer: \_\_\_\_\_ Hrs/Wk: \_\_\_\_\_  
Address: \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_ May we contact? \_\_\_\_\_
2. Job Title: \_\_\_\_\_ Duties: \_\_\_\_\_  
Employer: \_\_\_\_\_ Hrs/Wk: \_\_\_\_\_  
Address: \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_ May we contact? \_\_\_\_\_
3. Job Title: \_\_\_\_\_ Duties: \_\_\_\_\_  
Employer: \_\_\_\_\_ Hrs/Wk: \_\_\_\_\_  
Address: \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_ May we contact? \_\_\_\_\_
4. Job Title: \_\_\_\_\_ Duties: \_\_\_\_\_  
Employer: \_\_\_\_\_ Hrs/Wk: \_\_\_\_\_  
Address: \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_ May we contact? \_\_\_\_\_

Use this space to describe any additional experience relating to group care of children (e.g., volunteer work, student internships and the like.) State number of weeks and/or hours spent at each experience, including preparation time. Indicate ages of children in each group.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PROFESSIONAL REFERENCES:**

Name: \_\_\_\_\_ Phone: (h) \_\_\_\_\_  
Address: \_\_\_\_\_ (w) \_\_\_\_\_  
Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (h) \_\_\_\_\_  
Address: \_\_\_\_\_ (w) \_\_\_\_\_  
Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (h) \_\_\_\_\_  
Address: \_\_\_\_\_ (w) \_\_\_\_\_  
Relationship: \_\_\_\_\_

List any health problems/allergies: \_\_\_\_\_

Emergency contacts (in case of illness or accident at work):

Name: \_\_\_\_\_ Phone: (h) \_\_\_\_\_ (w) \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (h) \_\_\_\_\_ (w) \_\_\_\_\_

Have you ever been convicted of a felony or a misdemeanor related to abuse, neglect, or exploitation of children or adults? Yes \_\_\_\_\_ No \_\_\_\_\_

I hereby certify that all entries on both sides and all attachments are true.

**APPLICANT'S SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

---

**FOR CENTER USE ONLY**

**REFERENCE CHECKS**

1. Name: \_\_\_\_\_ Date Contacted: \_\_\_\_\_ By Phone: \_\_\_\_\_ Letter \_\_\_\_\_  
Relationship to applicant: \_\_\_\_\_  
Results of check: \_\_\_\_\_

2. Name: \_\_\_\_\_ Date Contacted \_\_\_\_\_ By Phone \_\_\_\_\_ Letter \_\_\_\_\_  
Relationship to applicant: \_\_\_\_\_  
Results of check: \_\_\_\_\_

3. Name: \_\_\_\_\_ Date Contacted \_\_\_\_\_ By Phone \_\_\_\_\_ Letter \_\_\_\_\_  
Relationship to applicant: \_\_\_\_\_  
Results of check: \_\_\_\_\_

DATE EMPLOYED: \_\_\_\_\_ DATE TERMINATED: \_\_\_\_\_

POSITION TITLE: \_\_\_\_\_

DUTIES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_