Kids Way

Child Care & Early Learning Center, Inc.

12211 20th St NE, Lake Stevens WA 98258 425-374-3582
www.Kidsway.org email: Kidsway@live.com

Job Application

Name: _____ Date:_____

Home Address: _____

Email Address: _____ Phone # _____

Position for which you are applying:_____

Days and hours you are willing to work: _____

Expected/Requested Pay Rate: _____

Emergency Contact: Name: _____Phone # _____Relationship:_____

Requirements

Are you 18 years or older: Yes☐ No☐

Do you have a High School Diploma or GED: Yes☐ No☐
If yes, when and where was it obtained: _____

Do you have licensed childcare experience: Yes☐ No☐

Do you currently have or are you willing to obtain the following:

TB test within the last year: Yes☐ No☐ Will Obtain upon hire ☐

CPR certification that includes children: Yes☐ No☐ Will Obtain upon hire ☐

Basic First Aid Certificate: Yes☐ No☐ Will Obtain upon hire ☐

HIV/Aids and Blood Bourne Pathogens Certificate Yes☐ No☐ Will Obtain upon hire ☐

MERIT Registration and STARS ID #: Yes☐ No☐ Will Obtain upon hire ☐

Portable Background Check: Yes☐ No☐ Will Obtain upon hire ☐

Food Handlers Card: Yes☐ No☐ Will Obtain upon hire ☐

Proof of MMR ... Date Received: _____

Education:

High School Early Childhood Education Classes or Course Work: Yes☐ No☐
If Yes, please list class/coursework:

_____
_____
_____

Post high school training or education:

Course Name	Dates:	Credits Earned:	Location:

Post high school degree, training certificate, or CDA: Yes☐ No☐

If yes : Major: _____ Graduation Year: _____

Name and location of school: _____

Work Experience:

Employed by: _____ Employer's phone # _____

Position: _____ Start Date: _____ End Date:_____

Supervisors Name: _____ Pay:_____

Reason for leaving: _____

Employed by: _____ Employer's phone # _____

Position: _____ Start Date: _____ End Date:_____

Supervisors Name: _____ Pay:_____

Reason for leaving: _____

Signature: _____ Date:_____