*Date of Application:\_\_\_\_\_\_\_\_\_\_\_\_\_*

**THE LEARNING CURVE DAYCARE, LLC**

Application/Staff Information Record

|  |  |
| --- | --- |
| **Identifying Information** | |
| Name: | Date of Birth: |
| Physical Address: | Home Phone: |
| Mailing Address: | Cell Phone: |

|  |  |
| --- | --- |
| **Educational Background**  School Attended/Area of Study Year(s) Attended | |
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| --- | --- | --- | --- |
| **Previous Employment/Training**  Describe training, skills, duties,  Place of Employment Dates of Employment Contact/Phone Number and previous experience. | | | |
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|  |  |  |  |

Use this space below if additional room is needed:

Page 1 of 2

**Applicant’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| **Miscellaneous** | |
| Have you ever been terminated from a position?  🞎yes 🞎no | If yes, please describe: |
| Are you currently CPR certified?  🞎yes 🞎no | If yes, what is the expiration date? |
| Do you currently have other responsibilities? (other employment, enrolled in school, etc.)  🞎yes 🞎no | If yes, please describe: |

|  |  |  |
| --- | --- | --- |
| **Personal References - List 3 persons NOT related to you**  Name Contact Number Physical and/or Email Address | | |
|  |  |  |
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| --- | --- | --- |
| **Emergency Contact Information**  Name Contact Number Physical/Mailing Address | | |
|  |  |  |

**OFFICE USE ONLY**

|  |  |
| --- | --- |
| Date of Interview: |  |
| Date of Hire: |  |
| Date of Termination: |  |
| Other: |  |

Page 2 of 2