*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 |
|  |  |
|  |  |
|  |  |

|  |
| --- |
| **Previous Employment/Training** Describe training, skills, duties, Place of Employment Dates of Employment Contact/Phone Number and previous experience. |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

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 |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| **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