

# G.A.T.E.S. 2 EDUCATION

## APPLICATION FOR EMPLOYMENT / RESUME

### PERSONAL INFORMATION

|          |                |
|----------|----------------|
| Name:    | Date of Birth: |
| Address: | Phone:         |
|          | Email:         |

|                              |  |
|------------------------------|--|
| EEC Qualifications/Licenses: |  |
|------------------------------|--|

|                                          |     |                |
|------------------------------------------|-----|----------------|
| Are you under a doctor's care?           | No  | Yes - explain: |
| Are you able to life up to 25lbs?        | Yes | No - explain:  |
| Do you have any disabilities?            | No  | Yes - explain: |
| Have you ever been convicted of a crime? | No  | Yes - explain: |
| Are you presently employed?              | No  | Yes - Where?   |

|                                             |                       |      |
|---------------------------------------------|-----------------------|------|
| Position Applying For:                      | Full Time / Part Time |      |
| Preferred Age Group:                        |                       |      |
| Expected / Desired Salary:                  |                       |      |
| Hours / Days Available:                     |                       |      |
| Will you have a child attending G.A.T.E.S.? | Yes / No              | Age: |

### EDUCATIONAL BACKGROUND

|                |                        |     |     |
|----------------|------------------------|-----|-----|
| High School:   | Diploma or Equivalent? | Yes | No: |
| College:       | Diploma or Equivalent? | Yes | No  |
| Post Graduate: | Diploma or Equivalent? | Yes | No  |

## EMPLOYMENT HISTORY

Please list previous employment, starting with most recent  
(You may attach a resume with additional information)

|                                                                  |     |                 |
|------------------------------------------------------------------|-----|-----------------|
| May we contact the individuals below for reference to your work? | Yes | No<br>(Explain) |
|------------------------------------------------------------------|-----|-----------------|

|                      |                     |                |
|----------------------|---------------------|----------------|
| Place of Employment: | Position:           | Start:<br>End: |
| Supervisor/Contact:  | Reason for Leaving: |                |

|                      |                     |                |
|----------------------|---------------------|----------------|
| Place of Employment: | Position:           | Start:<br>End: |
| Supervisor/Contact:  | Reason for Leaving: |                |

|                      |                     |                |
|----------------------|---------------------|----------------|
| Place of Employment: | Position:           | Start:<br>End: |
| Supervisor/Contact:  | Reason for Leaving: |                |

## PERSONAL AND PROFESSIONAL REFERENCES

Please list (3) personal references (not related)

| Name | Relation | Phone |
|------|----------|-------|
|      |          |       |
|      |          |       |
|      |          |       |

Do you have any special skills or talents that would be beneficial in working with young children?

(Please include administrative, organization and communication skills.)

|  |
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|  |
|  |

**EMERGENCY CONTACT INFORMATION**

|          |
|----------|
| Name     |
| Address  |
| Phone    |
| Relation |

*By completing this application, you give permission for the child care Director to contact your references, verify your past work history and contact your previous employers to determine your suitability in working in the child care center. By signing this application, you affirm that the information is true to the best of your knowledge. You also agree to release the center for any liabilities that result from the verification. Thank you.*

|                     |      |
|---------------------|------|
| X _____             |      |
| Applicant Signature | Date |

**TO BE INCLUDED WITH YOUR COMPLETED APPLICATION**

The following documentation **MUST** be onfile at the center before employment

|  |                                  |  |                        |
|--|----------------------------------|--|------------------------|
|  | EEC PQ Registry#                 |  | Documentation of MMR   |
|  | Current Physical (within 1 year) |  | Copy of Identification |

|                    |                                   |
|--------------------|-----------------------------------|
| Date of Interview: | Verification of References: ' ' ' |
| Date of Hire:      |                                   |