

Kinderhook Early Learning Center Application

Your Name:	
Address:	
Telephone:	
E-Mail:	
	Education
Name of High School:	
Grade Completed:	
Name of College:	
Address:	
Semester Hours Completed:	
Degree Earned:	
T 7	
Emp	loyment Experience
Name of Employer:	
Address:	
Telephone:	
Dates of Employment:	
Job Title:	Hours Worked Per Week:
Name of Employers	
Address:	
Address:	
Dates of Employment:	
	Hours Worked Per Week:
Why did you decide to leave?	
why did you decide to leave!	
Name of Employer:	
Address:	
Telephone:	
Dates of Employment:	
Job Title:	Hours Worked Per Week:
Why did you decide to leave?	
Please list all experience you have working	ng with children other than your own if not listed in employment
experience (experience must amount to at	

Continued on the Back

•				n 30 pounds now or in the near future?		
Have you ever been convid	ted of a crime?	Yes	No	If yes, please explain:		
Date You Can Start Hours Available				(ages 0-12yrs)		
]		and Tel	lephone	e Number of Two References u know these individuals):		
Name	Address			Telephone		
Name	Address			Telephone		
			Sig	nature: Date:		
	For	of:	fice	use Only		
Personal Interview: Date: Comments:						
Staff Assignment Position		– Hour	S	Wage		
Date Hired:		Eff	fective:			
			_ Effective:			
Dismissed:		Effective:				