

Please fill out the entire application and email to sarabrownell@comcast.net

## Section 1: General Information

First Name

Last Name

Street Address

City

State

Zip

Email Address

Confirm Email

Alternate Email

Home Phone

Cell Phone

## Section 2: Background and Experience

Are you CPR or First Aid Certified and can provide proof of this certification?

If yes, provide date of certification expiration

Do you have a valid driver's license?

Do you have a Fingerprint/Background check OR can obtain a letter from the facility that ran your background check stating that it is on file and can provide proof of this?

## Education

Briefly Describe Your Educational Background:

## Employment History

Employment History

Briefly describe your professional history working with children.

## Personal or Professional References (please provide three).

Name/Title

Reference Phone

Name/Title

Reference Phone

Name/Title

Reference Phone

### Section 3: Personal Information

List Experience with AND PREFERENCE for working with:  
We will try to place you within your group preference.

Infants and Toddlers

Preschool Aged Children

School Aged Children

Teen Aged Children

Children with Special Needs (e.g. Autism, wheelchair bound, hearing impaired).

Managing Children

How many children are you comfortable handling in an 8-hour period? List age groups separately.

Volunteer Work and Hobbies

Please list any volunteer work you have done, and briefly describe your hobbies.

### Physical and Medical

Physical Condition \*

Are you able to lift 30lbs repeatedly over the course of a workshift?

Physical Explanation

If you answered no to the above question, please provide a brief explanation.

Medical Conditions \*

Do you have any medical conditions that would impact how you perform your job?

Medical Explanation

If you answered yes to the question above, please briefly describe.

### Personality and Outlook

How would your previous employer describe you?

Additional Remarks