



<u>City:</u>	<u>State:</u>	<u>Zip Code:</u>	<u>County</u>
<input type="checkbox"/> <u>Part Time (20 or fewer hours per week)</u> <input type="checkbox"/> <u>Full Time (more than 20 hours per week)</u>		<u>Hourly Wage:</u> \$ _____ <u>Hours per week:</u> _____	<u>Annual Salary:</u> \$ _____ <u>Months per year:</u> _____
<u>Administrative Experience:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No <u># of Years/Months:</u> Years ____ Months ____ <u>Of Administrative Experience</u>		<u>Sole Source of Income for Household:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No <u>Date of Last Wage Increase:</u> (mm/dd/yyyy) ____ / ____ / ____	

What benefits does your employer offer: Insurance: Health Dental Vision Life None
 Paid: Vacation Holidays Release for Training Sick Leave None
 Other: Tuition Reimbursement Conference & Training Fees Retirement None

<u>Program Type: (please check one)</u> <input type="checkbox"/> Child Care Center <input type="checkbox"/> FCCH <input type="checkbox"/> School-Based Site <input type="checkbox"/> Large Family Home <input type="checkbox"/> Other: _____	<u>Current Position Title: Select all that apply:</u> <input type="checkbox"/> Center-Based Administrator <input type="checkbox"/> Education Coordinator/Curriculum Specialist <input type="checkbox"/> Teacher <input type="checkbox"/> Assistant Teacher <input type="checkbox"/> Floater <input type="checkbox"/> Non-Teaching Professional Staff <input type="checkbox"/> Family-Based Director/Owner <input type="checkbox"/> Non-Teaching Support Staff <input type="checkbox"/> Other: _____	<u>Ages of Children you work with:</u> <u>Primary Group (20 hours or more per/week: Select all that apply:</u> <input type="checkbox"/> Infants (0-12 months) <input type="checkbox"/> Toddlers (13-36 months) <input type="checkbox"/> Pre-School (37months to Pre-K) <input type="checkbox"/> Primary (K-11) <input type="checkbox"/> Secondary (11 and up) <input type="checkbox"/> School-Age <input type="checkbox"/> Not Direct Care
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Employment History Information:
 Please list previous Early Childhood Care and Education Employment only in the past 2 years
 (attach additional pages if necessary)

<u>Name of Employer:</u>	<u>Position & Age Group:</u>	<u>Start Date mm/dd/yyyy</u>	<u>End Date mm/dd/yyyy</u>	<u>Reason for Leaving</u>
<u>Address:</u>				<input type="checkbox"/> <u>Layoff</u> <input type="checkbox"/> <u>Terminated</u> <input type="checkbox"/> <u>Resigned</u> <input type="checkbox"/> <u>Relocated</u> <input type="checkbox"/> <u>School</u>
<u>Name of Employer:</u>				<input type="checkbox"/> <u>Layoff</u> <input type="checkbox"/> <u>Terminated</u> <input type="checkbox"/> <u>Resigned</u> <input type="checkbox"/> <u>Relocated</u> <input type="checkbox"/> <u>School</u>
<u>Address:</u>				

Education (Formal) Information: For each attached document (copies of certificates, degrees, diplomas, transcripts), please check the appropriate box.

High School: High School Diploma GED Foreign Home School None

<u>College Information:</u>	<u>Major:</u>	<u>Name of Institution</u>	<u>Date Conferred</u>
<input type="checkbox"/> College Credit Certificate <input type="checkbox"/> A.A. <input type="checkbox"/> A.S. <input type="checkbox"/> A.A.S. <input type="checkbox"/> B.A. <input type="checkbox"/> B.S.	_____	_____	____/____/____
	_____	_____	____/____/____



<input type="checkbox"/> M.A. <input type="checkbox"/> M.S. <input type="checkbox"/> Doctorate <input type="checkbox"/> None	_____	_____	____/____/____
	_____	_____	____/____/____

Training (Informal) Information: Please list trainings completed in the last 2 years. Please attach verification documentation (certificates, transcripts) for all trainings listed

<input type="checkbox"/> CPR Training Expiration Date ____/____/____	<input type="checkbox"/> First Aid Training Expiration Date ____/____/____
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Financial Aid & WAGE\$ Salary Supplement Information:

Financial Aid: (check all that apply within the last five (5) years:		WAGE\$ Salary Supplement
<input type="checkbox"/> TEACH <input type="checkbox"/> PRO <input type="checkbox"/> SEEK <input type="checkbox"/> Prime Time <input type="checkbox"/> Other _____	<input type="checkbox"/> Pell <input type="checkbox"/> Student Loans <input type="checkbox"/> Grants <input type="checkbox"/> Fellowship	Are you currently receiving WAGE\$? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever received WAGE\$? <input type="checkbox"/> Yes <input type="checkbox"/> No

I certify that all information provided to the Registry, attached to this form and/or future updates provided to the Registry, is and will be true and correct. I understand I am responsible for the information I provide to the Registry. I understand that the Office of Early Learning will protect the confidentiality of personal information provided, to the extent permitted under state and federal law. I do hereby give the Office of Early Learning permission to access my transcripts/degrees from training institutions and colleges-universities attended. I do hereby indemnify the Office of Early Learning and their employees and agents against any claims whatsoever arising out of or connected with the information.

Applicant's Name (Please Print): _____	Signature _____	Date: (mm/dd/yyyy) ____/____/____
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