



Trinity Lutheran Child Development Center

Application for Employment or Volunteer Services Licensed or Certified Early Learning/Child Care Program

1. Name of Early Learning/Child Care Program Trinity Lutheran Child Development Center					
2. Position for which you are applying				3. Date	
4. Your Name		5. Are you 14 years or older? Yes <input type="checkbox"/> No <input type="checkbox"/>		6. Social Security Number	
7. Your Home Address				8. Telephone Number	
9. Days and hours you are willing to work				10. Expected Salary	
11. Do you have documentation of:					
Prevention of exposure to blood and body fluids training?				YES	NO
Tuberculosis test or treatment within the last 12 months?				<input type="checkbox"/>	<input type="checkbox"/>
Current first aid training?				<input type="checkbox"/>	<input type="checkbox"/>
Current Child and Adult Cardiopulmonary Resuscitation (CPR) training?				<input type="checkbox"/>	<input type="checkbox"/>
Current Infant Cardiopulmonary Resuscitation (CPR) training?				<input type="checkbox"/>	<input type="checkbox"/>
Washington Food Worker card?				<input type="checkbox"/>	<input type="checkbox"/>
12. Education:					
High school graduate or General Education Development (GED) test passed?				YES	NO
Early childhood education course work in high school?				<input type="checkbox"/>	<input type="checkbox"/>
Post high school training (college, business school, military, etc.)?				<input type="checkbox"/>	<input type="checkbox"/>
Name and Location of Education		Dates Attended	Credits Earned	Did you Graduate?	Degree/Date
13. Conferences/workshops you have attended related to job duties:					
Title of Conference/Workshop			Clock Hours	Trainer or Sponsor	
14. Training and Special Skills					
15. Courses in Early Education					