



Child Care Specialist Application

Date: _____

PERSONAL INFORMATION:

Name: _____ S.S.# _____ D.O.B. _____

Present Address: _____
Street City State Zip

Permanent Address: _____
Street City State Zip

Phone #: (H) _____ (W) _____ (C) _____

Permanent Phone #: (H) _____

E-mail address: _____

Referred by: _____

Available Starting Date: _____ Full-time? _____ Part-time? _____

Are you currently employed? _____ Full-time? _____ Part-time? _____

If yes, where? _____

May we contact your present employer? Yes _____ No _____

Have you ever applied for a position at Respite Care in the past? Yes ___ No ___ If yes, when _____

In the space below please give us some idea of the times you are available to work, also, please fill in other commitments such as school schedule, work, etc.:

Available days and times

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Other Commitments (school schedule, work, etc.)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Number of hours available per week: _____

EDUCATION AND TRAINING:

	NAME & LOCATION OF SCHOOL	DATES ATTENDED	GRADUATION DATE	MAJOR FOCUS
HIGH SCHOOL				
COLLEGE				
TRADE/BUS. SCHOOL				

Subjects of Special Study or Research Work: _____

All potential employees must be certified in Infant/Child/Adult CPR, First Aid and Universal Precautions prior to employment, if not certified employee must be willing to become certified. Respite Care offers classes on premise.

Are you certified in Infant/Child CPR? Yes_____ No_____ exp. date_____

Are you certified in Adult CPR? Yes_____ No_____ exp. date_____

Are you certified in Standard First Aid? Yes_____ No_____ exp. date_____

Are you certified in Universal Precautions? Yes_____ No_____ exp. date_____

WORK EXPERIENCE:

(Most recent first)

1. Employer_____ Job Title_____

Dates Employed_____ to _____

Address_____ City_____ State_____ Zip_____

Phone_____ Job Title_____ Supervisor_____

Starting Salary_____ Ending Salary_____

Duties Performed _____

Reason for Leaving _____

2. Employer_____ Job Title_____

Dates Employed_____ to _____

Address_____ City_____ State_____ Zip_____

Phone_____ Job Title_____ Supervisor_____

Starting Salary_____ Ending Salary_____

Duties Performed _____

Reason for Leaving _____

3. Employer_____ Job Title_____

Dates Employed_____ to _____

Address _____ City _____ State _____ Zip _____

Phone _____ Job Title _____ Supervisor _____

Starting Salary _____ Ending Salary _____

Duties Performed _____

Reason for Leaving _____

Have you ever been involuntarily terminated or asked to resign from any position of employment?

Yes _____ No _____

If yes, please describe circumstances: _____

Briefly describe experiences you have had working with persons with disabilities: _____

Please explain briefly your reasons for wanting to work as a Respite Care Child Care Specialist:

Do you have any physical conditions or restrictions that may limit your ability to perform the job applied for?

Yes _____ No _____

If yes, please explain: _____

Have you ever been convicted of a misdemeanor or felony? Yes _____ No _____

If yes, please explain: _____

In case of an emergency, please notify:

1. _____
Name Address Phone #

Relationship: _____

2. _____
Name Address Phone #

Relationship: _____

REFERENCES:

List three references not related to you (include at least one previous employer). Please give consideration to your references since all will be contacted and asked to complete a short questionnaire.

1. _____
Name Address, Zip Phone Relationship Years Known

2. _____
Name Address, Zip Phone Relationship Years Known

3. _____
Name Address, Zip Phone Relationship Years Known

Any applicant who knowingly or willfully makes a false statement of any material fact or thing in the application is guilty of perjury in the second degree as defined in Section 18-8-503, C.R.S., and, upon conviction thereof, shall be punished accordingly. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above.

I have read the Child Care Specialist job description and understand the general responsibilities and policy.

Signature

Date

RESPITE CARE, INC. IS AN EQUAL OPPORTUNITY EMPLOYER