

Employment Application (Fully complete both sides)

Positio	on Applied Fo	or:							
Social Security Number		Last Nam	Last Name		First Name		Middle Name		
Address				City		Co			unty
State	Zip Code	Home	e Phone				Cell Phon	e	
Date of Birth N		NC Driver's	C Driver's License Number			Hav	Have you ever worked for CCDC? If so, when.		

Education

Level	Name of School	Dates Attended	Course of Study	GED/Degree/Diploma Received
High School		to		
College or University		to		
		to		
		to		
Graduate or Professional School		to		
		to		
Educational/Vocati onal Schools		to		

Early Childhood Coursework

Course	Name of Course	Date Completed	Level/Subject Area		
EDU 119	EC Credentials				
EDU 251 and EDU 252	Administrative Credentials		I II III		
AAS in ECE/CD	Associates Degree				
BA or BS	Bachelor's Degree				
MA	Master's Degree				

Additional ECE semester hours received _____ hours

Work History
(List childcare and early childhood experience first)

Current or last employer		Address							
Job Title	Supervisor	's Name		Number of people supervised by you					
Date employed (mo/yr)	Starting salary	E	Ending salary		Reason for Leaving	o constant of the constant of	May we contact employer		
How long were you at this job? (yrs.mo)	Full time/p	part time						
Describe Job Duties:									
Current or last employer				Address					
Job Title	Job Title			's Name		Number of people supervised by you			
Date employed (mo/yr)	Starting salary	F	Ending salary		Reason for Leaving		May we contact employer		
How long were you at this job? (yrs.mo)	Full time/p	part time						
Describe Job Duties:									
L	ist the names o	of at leas	Refer		y contact as r	eferences.			
Reference No.	Reference Name			rence Add	ress	Reference Phone Number			
2.									
Have you ever been convo	victed of breakings, give the date and	•				e is needed			
•		nd give the	date and exp	lain fully on a	n additional piece	of paper if more space	ce is needed		
I certify that I have given true, needed in connection with my whatever detail is available conthat false information of docum disciplinary action, or dismissa mandatory if fraudulent discloss	work, I authorize ed neerning my qualific nentation, or a failu Il if I am employed,	lucational in cations. I are to disclosurand (or) cr	nstitutions, as uthorize inve se relevant in iminal action	ssociations, restigations of a formation may	gistration, and lice all statements made by be grounds for re	nsing boards, and oth in this application ar jection of my applica	ers to furnish nd understand tion,		
Signature of Applicant				Date					