



**Coalition for Kids Child Care  
EMPLOYMENT APPLICATION**

223 SE M Street, Grants Pass, OR 97526  
Ph: 541-479-1929 / FAX: 541-471-9403

**PLEASE PRINT CLEARLY**

Position(s) Applied for \_\_\_\_\_ Date of Application \_\_\_\_\_

How did you learn about us?

\_\_\_ Advertisement: \_\_\_\_\_ \_\_\_ Friend \_\_\_ Walk-In

\_\_\_ Employment Agency: \_\_\_\_\_ \_\_\_ Relative \_\_\_ Other: \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number(s): Day - \_\_\_\_\_ Evening- \_\_\_\_\_

Social Security Number \_\_\_\_\_ Driver's License: Number \_\_\_\_\_ State \_\_\_\_\_

Have you ever filed an application with us before? \_\_\_ YES \_\_\_ NO

If yes, give date: \_\_\_\_\_

Have you been employed by us before? \_\_\_ YES \_\_\_ NO

If yes, give date: \_\_\_\_\_

May we contact your current employer? \_\_\_ YES \_\_\_ NO

On what date would you be available to start work? Please give date: \_\_\_\_\_

Are you available to work: \_\_\_ Full-Time \_\_\_ Part-Time \_\_\_ Substitute

If applying for Substitute position what days and hours are you available?

Are you currently enrolled with the Oregon Central Background Registry?  YES  NO

If yes, your Registry Number is: \_\_\_\_\_

**EDUCATION**

School Type	School Name	Location	Number of Years Completed	Major and Degree/Diploma
High School				
Undergraduate College/University				
Undergraduate College/University				
Graduate Professional				

Are you currently enrolled in the Oregon Registry: Pathways for Professional Recognition in Childhood Care and Education?  YES  NO

If yes, you are currently on Step: \_\_\_\_\_

Other training or relevant studies (including first aid/CPR, food handlers, recognizing abuse):

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Describe any relevant training, apprenticeship, or certificates:

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List professional, trade business or civic activities and offices held (optional):

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**EMPLOYMENT EXPERIENCE**

Start with your present or most recent job. Include any job-related military service assignments. You may include volunteer activities.

**Employer One:**

Employer \_\_\_\_\_ Phone Number \_\_\_\_\_ Address \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor Name \_\_\_\_\_

Starting: \_\_\_\_\_ Final: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Hourly Rate/Salary \_\_\_\_\_ Dates Employed \_\_\_\_\_

Work Performed: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Employer Two:**

Employer \_\_\_\_\_ Phone Number \_\_\_\_\_ Address \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor Name \_\_\_\_\_

Starting: \_\_\_\_\_ Final: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Hourly Rate/Salary \_\_\_\_\_ Dates Employed \_\_\_\_\_

Work Performed: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Employer Three:**

Employer	Phone Number	Address	
Job Title	Supervisor Name		
Starting:	Final:	From:	To:
Hourly Rate/Salary	Dates Employed		
Work Performed: _____			
_____			
_____			
Reason for Leaving: _____			
_____			

If you need additional space, please continue on a separate sheet of paper.

**SPECIAL SKILLS AND QUALIFICATIONS**

Summarize special job-related skills and qualifications acquired from prior employment or other relevant experience.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REFERENCES**

Give the name, address, day and evening phone numbers, and your relationship to three unrelated references who know your work.

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_

**APPLICANT'S STATEMENT**

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I certify that the answers I have given are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

In the event of employment, I understand that false or misleading information given on my application or in my interview(s) may result in discharge.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Coalition for Kids**  
**ANTI-DISCRIMINATION POLICY**

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“CFK is an equal opportunity employer which does not practice discrimination in terms of race, sex, color, religion, age, national origin, marital status, or disability status.”

Approved by the Board of Directors – October 1, 1996

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