



Washington State Department of

**Early Learning**

## **Application for Employment or Volunteer Services Licensed/Certified Child Care Agency**

### **INSTRUCTIONS**

#### **PURPOSE**

The purpose of the Application For Employment or Volunteer Services, Licensed/Certified Child Care Agency, DEL 10.9.2.13, is to assist the agency director in putting together information which would be necessary in making decision about hiring and to assist in checking the background of applicants who will have access to children. The form does not contain all the information desired by some agency directors. Directors may supplement this form as they see fit.

Agencies may be granted approval by the Department of Early Learning (DEL) offices to use their own forms provided that those forms include essentially the same background information regarding employment history, volunteer history, educational background, references, and such.

#### **USE OF FORM**

The DEL 10.9.2.13 is used by all licensed/certified agencies.

In accordance with WAC 170-151-470

"Each employee and volunteer having unsupervised or regular access to the child in care shall complete and submit to the licensee or director by the date of hire: (a) An application for employment on a department-prescribed form, or its equivalent."

OR

In accordance with WAC 170-295-7050 (1) (a): (1)

"Each employee and volunteer who has unsupervised access to a child in care must complete the following forms on or before their date of hire: (a) An application for employment on a form prescribed by us, or on a comparable form approved by the department."

#### **INSTRUCTIONS TO AGENCY**

All licensed/certified agencies are to have each employee, assistant, or volunteer who has unsupervised access to children, expectant mothers, or developmentally disabled persons complete this form.

Retain a copy of the completed form in the agency's personnel files.



Washington State Department of

# Early Learning

## Application for Employment or Volunteer Services Licensed/Certified Child Care Agency

1. Name of Agency						
2. Position for which you are applying				3. Date		
4. Your Name			5. Are you 16 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 a current:			YES	NO		
Washington Food Service Worker permit? (required of all staff persons preparing full meals per WAC 170-151-250 & WAC 170-295-3170)			<input type="checkbox"/>	<input type="checkbox"/>		
HIV/AIDS training card?			<input type="checkbox"/>	<input type="checkbox"/>		
Tubercular test result (Mantoux method)? (required of all staff persons having regular contact with children per WAC 170-151-220 & WAC 170-295-110)			<input type="checkbox"/>	<input type="checkbox"/>		
Multimedia standard first aid card?			<input type="checkbox"/>	<input type="checkbox"/>		
Infant-Child Cardiopulmonary Resuscitation (CPR) card? (required of all staff persons having regular contact with children per WAC 170-151-200 & WAC 170-295-1100)			<input type="checkbox"/>	<input type="checkbox"/>		
12. Education:						
a. High school graduate or General Education Development (GED) test passed?			Yes <input type="checkbox"/>	No <input type="checkbox"/>		
b. Early childhood education course work in high school?			Yes <input type="checkbox"/>	No <input type="checkbox"/>		
c. Post high school training (college, business school, military, etc.):			Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Name and Location		Dates Attended	Credits Earned	Did you Graduate?	Degree/Date	Major/Subject
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						
16. Employment history (start with current or most recent employer, include volunteer experience):						

Employed by:	Telephone #:	From Mo/Yr:
Address	City State Zip code	To Mo/Yr
Duties/Responsibilities		Total time employed
		Hour Per Week Last Salary
Reason for Leaving		Supervisor's Name
Employed by:	Telephone #:	From Mo/Yr:
Address	City State Zip code	To Mo/Yr
Duties/Responsibilities		Total time employed
		Hour Per Week Last Salary
Reason for Leaving		Supervisor's Name
Employed by:	Telephone #:	From Mo/Yr :
Address	City State Zip code	To Mo/Yr
Duties/Responsibilities		Total time employed
		Hour Per Week Last Salary
Reason for Leaving		Supervisor's Name

If more space is needed to write your employment history, attach another sheet of paper or your resume.

17. May we contact your present employer?

Yes  No

Name	Address	Telephone Number

19. I certify that the above is true and correct to the best of my knowledge. I understand that untruthful or misleading answers are cause for rejection of my application or dismissal if employed. I authorize an investigation of statements contained in this application which will allow the employer to make an employment decision.

Your Signature	Date
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