

**BRIDGES TO LEARNING
APPLICATION FORM**

Date: _____ Name: _____ Phone: _____

Address: _____ City/Zip: _____

I am applying for the following position: (Circle appropriate answer)

Teacher Asst. Teacher Substitute Office Cook

I can work: (Circle) Full Time (at least 35 hrs. per wk.) Part Time

I can work the following days: (Circle) Mon. Tues. Wed. Thurs. Fri.

SS No. _____ Email: _____

FORMAL EDUCATION

	School Name	City & State	Degree
High School College			

ADDITIONAL EDUCATION

Child Care Training			
---------------------	--	--	--

If you have a desired salary in mind please note amount: _____

JOB EXPERIENCE

List name(s) of all companies you have worked for in the last 6 years. Include dates of employment, list job duties, length of employment and reason for termination.

Name & Address	Dates	Job Duties	Termination Reason
Name & Address	Dates	Job Duties	Termination Reason
Name & Address	Dates	Job Duties	Termination Reason

CERTIFICATES AND CREDENTIALS

Please list any certificates or credentials that you possess that are applicable to your employment here. You will be required to submit proof of any certificate or credential listed in this section.

Please circle and answer the following questions as appropriate.

Have you ever been convicted of a crime or a disorderly persons offense? Y N

Have you been fingerprinted? Y N

When: _____

Are you CPR certified? Y N

When does your certificate expire? _____

Are you First Aid Certified? Y N

When does your certificate expire? _____

REFERENCES

Please list the names of three individuals that have knowledge of your work experience, work ethic, communication skills, education, reliability, dedication and your suitability to work with children.

Name: _____

Phone: _____

How do you know them? _____

Name: _____

Phone: _____

How do you know them? _____

Name: _____

Phone: _____

How do you know them? _____

FOR OFFICE USE ONLY: Reference Check Date Contacted:

Name: _____

Address: _____

Phone: _____

How do they know you? _____

FOR OFFICE USE ONLY: Reference Check **Date Contacted:**

Name: _____

Address: _____

Phone: _____

How do they know you? _____

For office use only: Reference Check **Date Contacted:**

I hereby certify that the information supplied in this application is accurate and truthful.

Signature _____ Date _____

POST EMPLOYMENT DOCUMENTATION

I have received a Child Abuse Record Information (CARI) form and given permission for a CARI check Y

I have received and read the DYFS Information to Parents Document Y

I have received and read the center's policy on the discipline of children Y

I have received and read the center's policy on the discipline of children Y

Forms Obtained:

_____ Copy of Driver's License

_____ Copy of Social Security Card

_____ Copies of CPR/First Aid Cards

_____ Medical Exam Form

_____ Fingerprint Results

_____ CARI Results