

# Learning Land Early Learning Programs Application for Employment



- Learning Land-Kent Campus       Learning Land II-Renton Campus
- Learning Land Education Center and Club House

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Are you 18 years or older?  Yes  No      Email Address: \_\_\_\_\_

Days and hours you are willing to work?      Hourly Wage you would like to earn: \_\$ \_\_\_\_\_

Monday	Tuesday	Wednesday	Thursday	Friday

- |   |                          |                          |
|---|--------------------------|--------------------------|
| Do you have a current:                          | YES                      | NO                       |
| Washington Food Service Card?                   | <input type="checkbox"/> | <input type="checkbox"/> |
| Blood Borne Pathogens - HIV/AIDS training card? | <input type="checkbox"/> | <input type="checkbox"/> |
| Tubercular Test Results?                        | <input type="checkbox"/> | <input type="checkbox"/> |
| First Aid Card?                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| Infant-Child CPR Card?                          | <input type="checkbox"/> | <input type="checkbox"/> |

**EDUCATION**

- High school graduate or GED test passed?       Yes       No
- Early childhood education classes in school?       Yes       No

Post high school training (college, business school, military, etc):

Name and Location	Dates Attended	Credits Earned	Did you Graduate?	Degree/Date	Major/Subject

Special courses, training or special skills: \_\_\_\_\_

- I can lift and hold children and material and equipment up to 40 lbs.?    Yes     No
- I can stand, stoop, kneel, bend, and work with children on the floor for an extended period of time?    Yes     No

**EMPLOYMENT HISTORY**

Start with current or most recent employer, include any volunteer experience.

Employed by:	Phone #:
Address	Wage:
Duties/Responsibilities	From:
	To:
Reason for Leaving	Supervisor's Name
Employed by:	Phone #:
Address	Wage:
Duties/Responsibilities	From:
	To:
Reason for Leaving	Supervisor's Name
Employed by:	Phone #:
Address	Wage:
Duties/Responsibilities	From:
	To:
Reason for Leaving	Supervisor's Name

May we contact your present employer?       Yes     No

**REFERENCES**

Name	Relationship	Email Address	Phone Number

Are you registered through WA State Managed Education and Registry tool (MERIT)?    YES / NO

Do you have a registered criminal background check that is less than three years old through MERIT?    YES / NO

Would you be able to pass a criminal background check giving you unsupervised access to young children?    YES / NO

When are you available to start working? \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_