

Child Care Licensee or Assistant Resume

<input type="checkbox"/> Licensee <input type="checkbox"/> Assistant					10 digit telephone number
If you are an assistant, give the licensee's name	Last name	First name			
Name			10 digit telephone number		Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address					
Employment history: Start with your most recent position, attach additional sheets if needed.					
Present or last employer			10 digit telephone number		From (month/year)
Address					To (month/year)
Describe the type of work you did.					Total time employed
					Hours per week
Present or last employer			10 digit telephone number		From (month/year)
Address					To (month/year)
Describe the type of work you did.					Total time employed
					Hours per week
Present or last employer			10 digit telephone number		From (month/year)
Address					To (month/year)
Describe the type of work you did.					Total time employed
					Hours per week
Present or last employer			10 digit telephone number		From (month/year)
Address					To (month/year)
Describe the type of work you did.					Total time employed

	Hours per week			
<p>Have you worked with children in the past for pay or as a volunteer? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, describe any experiences you feel were valuable. Include any other volunteer work you have done.</p>				
Training				
<p>Have you had any training that will be helpful? Check any of the following areas you have been trained in and, when required, provide dates.</p> <p> <input type="checkbox"/> First Aid _____ <input type="checkbox"/> Nutrition <input type="checkbox"/> Business skills Date </p> <p> <input type="checkbox"/> CPR _____ <input type="checkbox"/> Nursing <input type="checkbox"/> Working with special needs children Date </p> <p> <input type="checkbox"/> Psychology <input type="checkbox"/> Counseling <input type="checkbox"/> Teaching _____ Date Grades </p> <p> <input type="checkbox"/> Early childhood development <input type="checkbox"/> Other (specify): _____ </p> <p>Details:</p>				
Special Skills				
<p>Do you have special skills that will be helpful?</p> <p> <input type="checkbox"/> Music <input type="checkbox"/> Dance <input type="checkbox"/> Drama <input type="checkbox"/> Behavior management <input type="checkbox"/> Story telling <input type="checkbox"/> Art <input type="checkbox"/> Puppetry <input type="checkbox"/> Other (specify): _____ </p> <p>Details:</p>				
Education				
<p>Are you a high school graduate or do you have a General Education Development (GED)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, check the highest grade you completed:</p> <p> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 </p> <p>Education after high school:</p>				
School name	Dates attended	Graduated?	Year of degree	Major

Signature:			Date:	