



**APPLICATION FOR EMPLOYMENT**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Social Security # \_\_\_\_\_

**Present Address:**

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Home address if different from above:**

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**List the addresses where you have lived in the past 5 years if different from above:**

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

**Position you are applying for:** \_\_\_\_\_

**Check the type of position you are interested in** \_\_\_ Full time \_\_\_ Part time \_\_\_ Sept-June \_\_\_ Substitute

**Circle the days and indicate the times you are available to work between 6:45 am-6:00 pm**

*Morning Part Time shifts are usually between 6:45/7-10am  
Afternoon Part Time shifts are usually between 2:30-5:30/6pm*

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
AM	AM	AM	AM	AM
PM	PM	PM	PM	PM

<b><u>Education:</u></b>	<b><u>Name &amp; Location of School</u></b>	<b><u>Dates Attended</u></b>	<b><u>Highest Achievements</u></b>	<b><u>Courses Studied</u></b>
<b>High School:</b>				
<b>College/Higher Education:</b>				
<b>Other:</b>				

Are you currently enrolled in school or a training program?                      Yes                      No

If yes, please explain the program/courses:

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List courses and training you have taken or received relating to child care, early childhood development, and education.

Name of Course/Training	Where did you take the course/training?	Did you complete the course/training?

List your qualifications:

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Explain why you would like to work at Newark Day Nursery & Children’s Center:

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Do you have any medical limitations that may not allow you to lift 50 lbs or physically care for children in an emergency?                      Yes                      No

Please note: \_\_\_\_\_

Have you ever been convicted of a felony?                      Yes                      No

If yes, please explain: \_\_\_\_\_

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List your hobbies and community/volunteer activities: \_\_\_\_\_

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List your previous work experience, with most recent employer first:

1. Employer or Company Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Your Title \_\_\_\_\_

Description of Duties \_\_\_\_\_

Dates Employed: Start \_\_\_\_\_ End \_\_\_\_\_

Reason for leaving \_\_\_\_\_

2. Employer or Company Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Your Title \_\_\_\_\_

Description of Duties \_\_\_\_\_

Dates Employed: Start \_\_\_\_\_ End \_\_\_\_\_

Reason for leaving \_\_\_\_\_

3. Employer or Company Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Your Title \_\_\_\_\_

Description of Duties \_\_\_\_\_

Dates Employed: Start \_\_\_\_\_ End \_\_\_\_\_

Reason for leaving \_\_\_\_\_

## References

List four adults not related to you for us to contact as references.

Name	Email Address	Phone Number	Relationship

The Newark Day Nursery Association, Inc. is an equal opportunity employer and does not discriminate on the basis of age, sex, race, religion, ethnic background or disability.

I understand that employment will be contingent upon a physical examination which provides evidence of suitability for working with young children.

I certify that all information contained in this application is true to the best of my knowledge.

By checking this box and typing my name below, I certify that this is my electronic signature.

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Signature

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Date

Newark Day Nursery & Children's Center is a member agency of the United Way of Delaware

# Office of Child Care Licensing

## RELEASE OF EMPLOYMENT HISTORY

In order to comply with 19 Del. C. Subsection 708, all applicants for licensure and those seeking employment at licensed facilities must **provide a list of current or last employer and previous child care and health care employers for the past five years.** The purpose is to enable the Office of Child Care Licensing and licensed facilities to obtain Service Letters.

Name of Applicant/Employee: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Employment History:

Dates of Employment	Place of Employment	Complete Mailing Address	Email	Phone/Fax
				P- F-
				P- F-
				P- F-
				P- F-
				P- F-

I hereby authorize the above named employers and the Office of Child Care Licensing to release all information pertaining to the facts of my employment. I swear that I have completely disclosed my employment history. I understand that failure to provide complete disclosure is a violation of 19 Del. C. Subsection 708 with civil penalties of not less than \$1,000 nor more than \$5,000.

By checking this box and typing my name below, I certify that this is my electronic signature.

\_\_\_\_\_  
Signature of Applicant/Employee

\_\_\_\_\_  
Date



It is a requirement of Licensing that all Child Care employees are fingerprinted. The following is a schedule of times and locations for fingerprint processing. If an offer of employment is extended, you must present the State Police with the attached Child Care Center Verification form. Please return proof of fingerprinting paperwork/receipt to LeAnna Gibason.

New Castle County (By appointment only)

Delaware State Police – Troop 2

100 LaGrange Avenue

Newark, DE 19702

(Located on Route 40)

Please call 1-800-464-4357 or 1-302-739-2528 to schedule an appointment.

Kent County (No appointment needed)

Delaware State Police

State Bureau of Identification

655 Bay Road

Suite 1B

Dover, DE 19901

(Located in the old Blue Hen Mall in the back)

9:00 a.m. to 7:00 p.m. Mondays

9:00 a.m. to 3:00 p.m. Tuesday, Wednesday, Thursday, Friday

Phone 302-739-5871



## Child Care Center Verification Form For Fingerprinting

Effective immediately, this form must be presented to the fingerprinting technician at the State Police Troop.

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### AGENCY INFORMATION:

Child Care License Number (if applicable) 29546  
*This is the "License No." listed at the top center of your Childcare License.*

Child Care Center Name: Newark Day Nursery and Children's Center

Child Care Center Address: 921 Barksdale Road Newark 19711  
Street City State Zip

Child Care Center Telephone Number: 302-731-4925

Contact Person: LeAnna Gibason

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### NOTE TO APPLICANT:

At the State Police Troop, when completing the *Child Care Criminal History Record and Child Protection Registry Request Form*, please confirm that information on Part II matches the information above.