| □ Last name First name 10 digit telephone number If you are an assistant, give the licensee's Last name First name 10 digit telephone number Name 10 digit telephone number Are you 18 years of age or older? Address □ 10 digit telephone number Are you 18 years of age or older? Fmployment history: Start with your most recent position, attach additional sheets if needed. From (month/year) Address To (month/year) To all time employed Address To (month/year) Describe the type of work you did. Total time employed Hours per week Total time employed Present or last employer 10 digit telephone number From (month/year) Address To (month/year) Total time employed Present or last employer 10 digit telephone number From (month/year) Address To (month/year) Total time employed Present or last employer 10 digit telephone number From (month/year) Address To (month/year) Total time employed Present or last employer 10 digit telephone number From (month/year) Address Total time e | Child Care Licensee or Assistant Resume | | | | | | | |
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| Training | | | | | | | |
|---|-----------------------|-------------|-------------------------------------|-------------|--|--|--|
| 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. | | | | | | | |
| First Aid Date | Nutrition | | Business skills | | | | |
| CPR Date | Nursing | | Working with special needs children | | | | |
| Psychology | Counseling Teaching | | | Date Grades | | | |
| | Early childhood devel | lopment 🗌 C | Other (specif | fy): | | | |
| Details: | | | | | | | |
| | | | | | | | |
| Special Skills | | | | | | | |
| Do you have special skills that will be helpful? | | | | | | | |
| Music Dance Drama Behavior management Story telling Art Puppetry Other (specify): Details: Details: Details: Details: | | | | | | | |
| Education | | | | | | | |
| Are you a high school graduate or do you have a General Education Development (GED)? 🗌 Yes 🗌 No | | | | | | | |
| If no, check the highest grade you completed: | | | | | | | |
| $\square 1 \square 2 \square 3 \square 4 \square 5 \square 6 \square 7 \square 8 \square 9 \square 10 \square 11 \square 12$ | | | | | | | |
| Education after high school: | | | | | | | |
| School name | Dates attended | Graduated? | Year of degree | Major | | | |
| | | | | | | | |
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| | | | • | 1 | | | |
| Signature: | | | | Date: | | | |