

## Child Care Licensee or Assistant Resume

<input type="checkbox"/> Licensee <input type="checkbox"/> Assistant If you are an assistant, give the licensee's name	Last name                      First name	10 digit telephone number
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
Have you worked with children in the past for pay or as a volunteer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe any experiences you feel were valuable. Include any other volunteer work you have done.		

**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 development
- Other (specify):

Details:

**Special Skills**

Do you have special skills that will be helpful?

- Music     Dance     Drama     Behavior management
- Story telling     Art     Puppetry     Other (specify):

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:

- 1     2     3     4     5     6     7     8     9     10     11     12

Education after high school:

School name	Dates attended	Graduated?	Year of degree	Major

Signature:

Date: