WALNUT GROVE CHILDREN'S LEARNING CENTER

PERSONAL INFORMATION			
Full Name:	Date:		
Street Address:	Home Phone:		
City, State, Zip:	Cell Phone:		
Mailing Address:	E-mail Address:		
Are you 18 years or older? Yes No If no, please state age:	Position Desired:		
Hours Desired: Salary Desired:	Date Available to Start:		
EDUCATION	Į		
HIGH SCHOOL: Name:	Last Year Completed:		
Address:			
COLLEGE:			
Name:	Last Year Completed:		
Address:	Degree Received:		
OTHER TRAINING:			
EMPLOYMEN			
Please give accurate and complete employment records. Start w			
Business Name:	From: To:		
Address:	Telephone #:		
Position:	Supervisor:		
Reason For Leaving:	Last Pay Rate:		
usiness Name: From: To:			
Address: Telephone #:			
Position:	Supervisor:		
Reason For Leaving:	Last Pay Rate:		

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Business Name: Address: Position: Reason For Leaving:		Telephone #: Supervisor:						
						REFERENCES		
						elated to you, whom you have known at least one		
					Name 1.	Telephone #		Relationship
2.								
3.								
	OWILED INCODIAL	TION.						
	OTHER INFORMA	TION						
Describe yourself in 3 words:								
What makes you qualified to work with	children?							
How would you handle a child having a	temper tantrum?							
How would you handle one child injuring	ng another?							
Walnut Grove Children's Learning Cen spiritual development of children meani regular chapel times, stories and songs a	ing we provide an environment which ir	cludes developmentally ap	ppropriate activities such as					
Are you comfortable with implementing	g and participating in these types of acti	vities? Yes	No					
The information provided in this applic fact on this application may result in n give information relative to my employ check on me. I understand that any em cause.	ny dismissal. I hereby authorize all pe ment. I further authorize Walnut Grov	rsons and institutions men e Children's Learning Cer	ationed on this application to nter to conduct a background					
Signature:		Date:						