



BOISE DAYCARE & LEARNING CENTER

Personal Information:		
Name (Last, First, Middle):	Date of Birth:	Date:
Address:		City/State/Zip:
Email Address:	Telephone Number:	

Do you smoke?	[] Yes [] No
Are you legally authorized to work in the United States?	[] Yes [] No
Have you ever been convicted of a felony?	[] Yes [] No
Position You Are Applying For:	Starting Salary:

Employment History - Begin with Most Recent Employment				
Dates	From	To	Company Name	City, State
Titles and Duties:				
Supervisor's Name		Telephone Number		Reason for Leaving
Dates	From	To	Company Name	City, State
Titles and Duties:				
Supervisor's Name		Telephone Number		Reason for Leaving
Dates	From	To	Company Name	City, State
Titles and Duties:				
Supervisor's Name		Telephone Number		Reason for Leaving

Education/Training			
Have you obtained a high school diploma or GED certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No			
School	Name & Location	Diploma/Degree	Subject of Specialization
High School			
College			

Specialized Training/Certifications	
Do you have a Boise City Childcare License?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you (Pediatric) CPR/First Aid Certified?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have an active IdahoStars/Rise Account?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a valid Driver's License?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Special Skills - List Other Specific Skills You Have to Offer for This Job Opening:	

References - Give the Names of Three Persons Not Related to You			
Name	Relationship	Telephone Number	Occupation

The information on this application is true and accurate to the best of my knowledge.

Signature: _____

Date: _____