



First and Last Name:					
Cell Phone:		Social Security #:		DOB:	
E-mail:					
Position you are applying for (please select all that apply):					
<input type="checkbox"/> Full- Time		<input type="checkbox"/> Part- Time	<input type="checkbox"/> Substitute	<input type="checkbox"/> Summer	<input type="checkbox"/> Sept – June
Availability (please select all that apply and note the times you are available):					
Day:	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
Hours:					
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:					
Street Address:			City:		
State:			Zip Code:		
Street Address:			City:		
State:			Zip Code:		
Street Address:			City:		
State:			Zip Code:		
Street Address:			City:		
State:			Zip Code:		
Do you have a Delaware First Teaching Certificate?		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If yes, what is your qualification?					
<input type="checkbox"/> Aide	<input type="checkbox"/> Intern	<input type="checkbox"/> Assistant Teacher	<input type="checkbox"/> Teacher	<input type="checkbox"/> Curriculum Coordinator	<input type="checkbox"/> Administrator
Are you currently enrolled in school or a training program?		<input type="checkbox"/> Yes		<input type="checkbox"/> No	
If you are in a training program, please explain:					
Education:					
Institute:	Address:	Dates Attended:	Highest Achievement:	Courses Studied:	
High school:					
College/ Higher Education:					
Other:					



How did you hear about NDNCC?

Why do you want to work with children?

Please list your hobbies, community service, and/or volunteer opportunities:

Have you ever been convicted of a felony? Yes No

If yes, please explain:

Previous work experience, with most recent employer first:

Employer or Company Name: Your Title:

Street Address: City:

State: Zip Code:

Supervisor's Name: Phone #:

Dates Employed: Start: End:

Reason for Leaving:

Previous work experience, with most recent employer first:

Employer or Company Name: Your Title:

Street Address: City:

State: Zip Code:

Supervisor's Name: Phone #:

Dates Employed: Start: End:

Reason for Leaving:

Previous work experience, with most recent employer first:

Employer or Company Name: Your Title:

Street Address: City:

State: Zip Code:

Supervisor's Name: Phone #:

Dates Employed: Start: End:

Reason for Leaving:



References:

Name:	Relationship:	Phone Number:	E-mail:

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.

Applicant Signature:

Date: