



Employment Application

(Fully complete both sides)

Position Applied For: _____

Social Security Number		Last Name		First Name		Middle Name	
Address				City		County	
State	Zip Code	Home Phone		Cell Phone			
Date of Birth		NC Driver's License Number		Have you ever worked for SRA? If so, when.			

Education

Level	Name of School	Dates Attended	Course of Study	GED/Degree/Diploma
High School		to		
College or University		to		
		to		
		to		
Graduate or Professional School		to		
		to		
Educational/Vocational Schools		to		

Early Childhood Coursework

Course	Name of Course	Date Completed	Level/Subject Area
EDU 119	EC Credentials		
EDU 251 and EDU 252	Administrative Credentials		I II III
AAS in ECE/CD	Associates Degree		
BA or BS	Bachelor's Degree		
MA	Master's Degree		

Additional ECE semester hours received _____ hours

Work History

(List childcare and early childhood experience first)

Current or last employer			Address		
Job Title		Supervisor's Name		Number of people supervised by you	
Date employed (mo/yr)	Starting salary	Ending salary	Reason for Leaving		May we contact employer
How long were you at this job? (yrs.mo)	Full time Years Months		Part time Years Months		
Describe Job Duties:					
Current or last employer			Address		
Job Title		Supervisor's Name		Number of people supervised by you	
Date employed (mo/yr)	Starting salary	Ending salary	Reason for Leaving		May we contact employer
How long were you at this job? (yrs.mo)	Full time Years Months		Part time Years Months		
Describe Job Duties:					

References

List the names of at least THREE people we may contact as references.

Reference Name	Reference Address	Reference Phone Number
1.		
2.		
3.		

Have you ever been convicted of breaking a law other than a minor traffic violation?

- Yes If yes, give the date and explain fully on an addition piece of paper if more space is needed
 No _____

Have you ever had a Department of Social Services (DSS) Substantiation?

- Yes If yes, list county/state and give the date and explain fully on an additional piece of paper if more space is needed
 No _____

I certify that I have given true, accurate, and complete information on this form to the best of my knowledge. In the event confirmation is needed in connection with my work, I authorize educational institutions, associations, registration, and licensing boards, and others to furnish whatever detail is available concerning my qualifications. I authorize investigations of all statements made in this application and understand that false information of documentation, or a failure to disclose relevant information may be grounds for rejection of my application, disciplinary action, or dismissal if I am employed, and (or) criminal action. I further understand that dismissal on unemployment shall be mandatory if fraudulent disclosures are given to meet position qualifications.

Signature of Applicant _____ Date _____