





**EMPLOYER:** \_\_\_\_\_ Phone # \_\_\_\_\_

Date(s) of Employment: \_\_\_\_\_ to \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Job Title \_\_\_\_\_ Salary: \_\_\_\_\_

Describe your duties: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**EMPLOYER:** \_\_\_\_\_ Phone# \_\_\_\_\_

Date(s) of Employment: \_\_\_\_\_ to \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Job Title \_\_\_\_\_ Salary: \_\_\_\_\_

Describe your duties: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**References:**

**Name:** \_\_\_\_\_

Home Phone# \_\_\_\_\_

Address: \_\_\_\_\_

Work Phone: # \_\_\_\_\_

Occupation: \_\_\_\_\_

Relationship to You: \_\_\_\_\_

Name: \_\_\_\_\_

Home Phone # \_\_\_\_\_

Address: \_\_\_\_\_

Work Phone # \_\_\_\_\_

Occupation \_\_\_\_\_

Relationship to You: \_\_\_\_\_

Name: \_\_\_\_\_

Home Phone# \_\_\_\_\_

Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Relationship to You: \_\_\_\_\_

Have you ever been the subject of an investigation by law enforcement, or protective services, or other public entity in this state or elsewhere, because of allegations of suspected child abuse, neglect, or other harm to children, or adults?  Yes  No If yes, please explain:

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Have you ever been convicted of a felony or serious misdemeanor in this or any other state?  Yes  No If yes, please explain:

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Please explain briefly, what qualifications you feel you have to fill this position.

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Please list any other interests or skills you may have which could benefit you in this position.

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I, \_\_\_\_\_ authorize Child Care Services of York County to seek and receive information regarding my work history from my former employers and personal references listed on this application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby attest that this information contained in this application is correct to the best of my knowledge. I understand that false and misleading information may result in the rejection of my application or result in my dismissal from employment if I am selected.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

It is the policy of Child Care Services of York County to provide equal opportunities to all persons without regard to race, color, religion, sex, age, physical, or mental handicap, or natural origin, and to promote the full realization of this policy through a positive, continuing program to be known as Child Care Services of York County Affirmative Action Plan.