

EDUCATION

School Name/Address	Did You Graduate?	Major
High School:	Yes No	
College/University	Yes No	
College/University	Yes No	

Early Childhood Studies/Child Development

How many total units do you have in Early Childhood Studies/Child Development? _____

Are you presently enrolled in Early Childhood Studies/Child Development courses? Yes No
 If so, which courses?

PERSONAL REFERENCES (do not list family or previous employers)

Name	Email Address	Phone Number	Relationship

I hereby certify that all information contained in this application is true and correct. I understand that any misrepresentation, falsification, or consequential omission of information may render this application void, or if employed may result in immediate termination. I further consent and agree to submit to any job related medical exams or drug tests that might be required and agree to provide any information that may be needed to facilitate such tests. I authorize the individuals and institutions named above to give information regarding my employment, character, and qualification, hereby releasing them from all liability for issuing such information.

 Signature of Applicant

 Date