



# PATTY CAKE PLAYHOUSE

early childhood learning center

5288 Route 9W

Newburgh New York 12550

(845) 562-6322 phone (845) 568-3240 fax

[www.pattycakeplayhouse.com](http://www.pattycakeplayhouse.com)

## Personal Information

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

Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

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

Availability (Days/ Times): \_\_\_\_\_

Last Physical Exam Date: \_\_\_\_\_ Last TB Test Date: \_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_\_

## Education

School	Name	Dates Attended	Major	Certificate/ Degree	Completion Date
High School					
College					
Other (specify)					

Licenses, Certificates, or Credentials related to Child Care: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Would you be willing to continue your education by enrolling in certain courses or training programs that may be recommended? \_\_\_\_\_

Related Experiences

\*Please list all experiences you have working with children other than your own

Dates Employed	Employer (Name)	Job Description	Salary	Reason for Leaving

Related Volunteer or Unpaid Service: \_\_\_\_\_  
\_\_\_\_\_

References

\*Please list three individuals who can attest to your conduct in a professional environment.

Name	Title	Years Acquainted	Telephone Number

Expand on your related experiences in regards to the type of setting you worked in, the age group you worked with, and the responsibilities you had.

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

Signed \_\_\_\_\_ Date \_\_\_\_\_