

Return this application to:

St. Paul's Little Lambs
311 14th Ave S.

Wisconsin Rapids, WI 54494 Tel: (715) 421-3634

Fax: (715 421-3643

Email: littlelambs@stpaulswr.org

APPLICATION FOR EARLY CHILDHOOD STAFF

Name:		Date:							
Address:									
City:		Zip:Phone:							
Cell Phone:	Email address:								
Positions Applying	for:								
How did you hear a	about St. Paul's l	Little Lambs?							
I am at least (check	highest applica	ble)16 (by s	ummer of ap	plication) _	18	3 years old or	older		
		EDUCATIO	ONAL BAC	KGROUN	D				
Name of High School	ol:		State		Graduate? Yes: _		No:		
	Name	State	Dates	major/	degree	graduatio	n date		
College:									
College:									
Graduate School:									
Honors/Awards:									
		EARLY CHIL	DHOOOD	EDUCAT	ION				
	Name		Date issued			Expiration date			
Certificate:									
Certificate:									
Credential:									
	EA	RLY CHILDHOOD	EDUCATIO	N TRAIN	ING & UI	NITS			
Course Name		Institution/Coll	tution/College		Date		Number of units		
(transcripts showing	ng ECE units rea	uired upon hiring)				TOTAL			

EMPLOYEE EXPERIENCE

Please list work exp	periences with mo	st recent. Be sure to	include paid and vo	olunteer work with youth.			
1. Employer:		Phone:		_Supervisor:			
Dates:	Position/Resp	onsibilities:					
2. Employer:		Phone:		_Supervisor:			
Dates:	Position/Resp	onsibilities:					
3. Employer:		Phone:		_Supervisor:			
Dates:	Position/Resp	oonsibilities:					
		REF	ERENCES				
Please list people (not friends or rela	tives) who have know	wledge of your bacl	kground/experience with children.			
Name:		_ Phone:		Relationship:			
Name:		_ Phone:		Relationship:			
Name:	me:Phone:			Relationship:			
Name of church of	f which you are a	n active member:					
Please attach a resui	me and any additior	nal information you w	ould like to say abou	t yourself in application for this position.			
		_		riminal offense. The nature of the offense, the nature of the offense			
for employment and	the answers given b ghly investigate my	y me are true and corr	ect to the best of my	mation that might adversely affect my chances knowledge. I hereby give St. Paul's Little Lambs yers to disclose to Little Lambs any informatior			
Applicant's Signature:			_ Date:				
• Anyone hired to	work in ECE must	packground check of a submit a record of a quirements of our ago	clear TB test and ha	ave a clear record with the Department of			
For Office Use Only:	Ref. Check:_	Background Check:	CPR/1st Aide:	Cert: Required / Optional			
-	-	_					
				Hours:			
Additional Trainina: Y		-					