



Woodland Child Development Center  
3027 J.F. Mahoney Drive ~ Hammond, IN 46323-2700  
219.844.3603 ~ 219.803.0606\*fax

## Application for Employment

Position applied for \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone # \_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor? If so, explain \_\_\_\_\_

### EDUCATION (circle highest you have completed)

Elementary								High School			
1	2	3	4	5	6	7	8	9	10	11	12

School Attended \_\_\_\_\_ Last Date You Attended \_\_\_\_\_

### COLLEGE or University

Name & Location \_\_\_\_\_

Major Study \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

### Special Training (Night/Business/Correspondence)

Name & Location of School \_\_\_\_\_

Dates attended \_\_\_\_\_ to \_\_\_\_\_ Course \_\_\_\_\_

Did you complete the course? \_\_\_\_\_



**Experience**

**Last Employer** \_\_\_\_\_ **Salary** \_\_\_\_\_

**Position** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Address/City/State/Zip** \_\_\_\_\_

**Dates Employed** \_\_\_\_\_ **Supervisor** \_\_\_\_\_

**Reason for leaving** \_\_\_\_\_

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**Previous Employer** \_\_\_\_\_ **Salary** \_\_\_\_\_

**Position** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Address/City/State/Zip** \_\_\_\_\_

**Dates Employed** \_\_\_\_\_ **Supervisor** \_\_\_\_\_

**Reason for leaving** \_\_\_\_\_

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**Previous Employer** \_\_\_\_\_ **Salary** \_\_\_\_\_

**Position** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Address/City/State/Zip** \_\_\_\_\_

**Dates Employed** \_\_\_\_\_ **Supervisor** \_\_\_\_\_

**Reason for leaving** \_\_\_\_\_

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List or summarize other work or experience (include: **Military Service/Volunteer Service**) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## References

Name two individuals (2-personal;2-professional) familiar with your qualifications and character that we may contact.

- (1) Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone # \_\_\_\_\_  
\_\_\_\_\_
- (2) Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone # \_\_\_\_\_  
\_\_\_\_\_
- (3) Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone # \_\_\_\_\_  
\_\_\_\_\_
- (4) Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone # \_\_\_\_\_  
\_\_\_\_\_

The information I have given is correct to the best of my knowledge. The Woodland Child Development Center, Inc. – WCDC has my permission to check all information and reference mentioned on this application.

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Signature

Date

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