EMPLOYMENT HISTORY
REQUIRED OF ALL FAMILY CHILD CARE
APPLICANTS, SUBSTITUTES, AND EMPLOYEES

___ I AM APPLYING FOR A FAMILY CHILD CARE LICENSE.
___ I AM APPLYING TO BE A SUBSTITUTE FOR: ________________________________
___ I AM APPLYING TO BE AN EMPLOYEE FOR: ________________________________

Name (please print)

____________________________________________________________

Street                                                                 City       State       Zip Code

For the past 5 years I have been:

☐ Self employed or not employed outside my home from ____________ to ____________.

☐ Employed and will submit an Employer Verification Form for each employer.

Your last five (5) years of employment are required. Please list the dates of employment in chronological order.

1. Place of Employment: ________________________________

   Dates of Employment: From: ________________ To: ________________

   Address: _________________________________________________

   City: __________________________ State: _________ Zip Code: ______

   Phone: __________________________ Email: ______________________

2. Place of Employment: ________________________________

   Dates of Employment: From: ________________ To: ________________

   Address: _________________________________________________

   City: __________________________ State: _________ Zip Code: ______

   Phone: __________________________ Email: ______________________
3. Place of Employment: ________________________________
   Dates of Employment: From:______________ To:______________
   Address: ________________________________
   City: ________________________________ State:__________ Zip Code:_________
   Phone:_______________________________ Email:___________________________

4. Place of Employment: ________________________________
   Dates of Employment: From:______________ To:______________
   Address: ________________________________
   City: ________________________________ State:__________ Zip Code:_________
   Phone:_______________________________ Email:___________________________

5. Place of Employment: ________________________________
   Dates of Employment: From:______________ To:______________
   Address: ________________________________
   City: ________________________________ State:__________ Zip Code:_________
   Phone:_______________________________ Email:___________________________

6. Place of Employment: ________________________________
   Dates of Employment: From:______________ To:______________
   Address: ________________________________
   City: ________________________________ State:__________ Zip Code:_________
   Phone:_______________________________ Email:___________________________

An Employer Verification Form is required for EACH employer listed above. You may make additional copies of the attached form, if needed.