



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.**