

2945 Douglas Ave Bellingham, WA 98225 programsupervisor@blossomchildcare.com (360) 752-2699

Date of Application:	Date Available to Start: _	Dates Available to In	iterview:		
Name:		Pronouns:	 		
Address:	City	:	Zip:		
Email:	(legible)	Phone:			
	? □ Yes □ No ***If under 18 n school authorities in order to	, authorization forms will be requ work.	iired from your parent		
Are you a U.S. citizen or do you have a visa/work card which permits employment in the U.S.?					
3. Do you have proof of a no	egative Tuberculosis Test in the ***If hired, you ar	last 12 months? e required to have this before you	□ Yes □ No ar first date of employment.		
. Do you have proof of a MMR vaccination? □ Yes □ No ***If hired, you are required to have this before your first date of employment.					
5. How long have you lived	in Bellingham?				
6. What position are you app	olying for?				
7. Have you interviewed wit	h us before? □ Yes □ No	If Yes , for what position?			
8. Are you willing to make a	. Are you willing to make a 12 month employment commitment? □ Yes □ No				
9. How did you find out abo	ut the position you are applying	for?			
10. What are your minimum s	salary requirements?		(required)		
11. For Part-Time Applicants	What are your minimum & ma	ximum hours desired? Min:	Max:		
12. What days and hours are	you available? (<i>note in diagram</i>	below)			
Monday	Tuesday Wedn	esday Thursday	Friday		
What is your ideal schedule (b	pe specific):				
What are your reasons for wis	hing to work for Blossom Child	care and Learning Center?			

Education & Field Experience

Are you currently enrolled in school? □ Yes □ No If yes, where and when do you attend? Please explain Certificates and Trainings	Type of School	Name of School	Years Completed	Credits/Degrees
Business/Tech. School STARS (records will be required): WA State Law requires all employees of licensed childcare facilities to have a current and valid portable background check and fingerprinting through the Department of Early Learning. RCW 43.215.215 Do you currently hold a valid DEL Background Check? Yes No If yes, expiration date: If not, are you willing to participate in the mandatory application process and fingerprinting? Yes No STARS/MERIT ID Number WA ECE Short Certificate Yes No Year Completed? WA ECE Short Certificate Yes No Year Completed? WA ECE Short Certificate Yes No Year Completed? WA ECE Initial Certificate Yes No Year Completed? WA ECE Initial Certificate? Yes No Year Completed? WA ECE Initial Certificate? Yes No Year Completed? WA EVEN WA EVEN WA WA EVEN WA	High School			
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Employment History (begin with the most recent) Please note that email addresses MUST be legible

Address:		Company Name:
1 1GGI COO.		
Supervisor:		Title:
Telephone:()		Email:
Start Date:	Start Pay:	Hours/week:
End Date:	End Pay:	
May we contact this employer?	Yes Do If No, pl	lease explain.
2. Position/Job Title:		Company Name:
Address:Supervisor:		Title:
Telephone:()		Fmail:
Start Date:	Start Pay:	Email: Hours/week:
End Date:	End Pay:	
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Reason for leaving:		
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Reason for leaving: May we contact this employer? 3. Position/Job Title: Address: Supervisor:	Yes No If No, pl	lease explain. Company Name: Title:
Reason for leaving: May we contact this employer? 3. Position/Job Title: Address: Supervisor: Telephone:()	Yes I No If No, pl	lease explain. Company Name: Title: Email:
Reason for leaving: May we contact this employer? 3. Position/Job Title: Address: Supervisor: Telephone:() Start Date:	Yes - No If No, pl	lease explain Company Name: Title: Email: Hours/week:
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for leaving:e contact this employer?		
	□ Yes □ No If No, please explain.	
References: Superviso	rs, Mentors and/or Co-workers	
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e:	Email:	(legible
e:	Relationship:	
		(legible
e:	Relationship:	
		(legible
vill abide by its rules an nor does this applicatio Childcare and Learnii All of the foregoing infor	nd regulations. I understand that this app n obligate the employer in any way if the ng Center, Inc. permission to contact all mation I have supplied in this application	lication is not intended to be a contract of employer decides to employ me. Further or any of my previous employers for full and complete statement of the factorial contracts.
		Date:
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