



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

Date of Application: \_\_\_\_\_ Date Available to Start: \_\_\_\_\_ Dates Available to Interview: \_\_\_\_\_

Name: \_\_\_\_\_ Pronouns: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ (legible) Phone: \_\_\_\_\_

1. Are you 18 years or older?  Yes  No *\*\*\*If under 18, authorization forms will be required from your parent and/or guardian and from school authorities in order to work.*
2. Are you a U.S. citizen or do you have a visa/work card which permits employment in the U.S.?  Yes  No
3. Do you have proof of a negative Tuberculosis Test in the last 12 months?  Yes  No  
*\*\*\*If hired, you are required to have this before your first date of employment.*
4. 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 applying for? \_\_\_\_\_
7. Have you interviewed with us before ?  Yes  No If Yes, for what position? \_\_\_\_\_
8. Are you willing to make a 12 month employment commitment?  Yes  No
9. How did you find out about the position you are applying for? \_\_\_\_\_
10. What are your minimum salary requirements? \_\_\_\_\_ (required)
11. For Part-Time Applicants. What are your minimum & maximum hours desired? **Min:** \_\_\_\_\_ **Max:** \_\_\_\_\_
12. What days and hours are you available? *(note in diagram below)*

Monday	Tuesday	Wednesday	Thursday	Friday

What is your ideal schedule (be specific): \_\_\_\_\_

What are your reasons for wishing to work for Blossom Childcare and Learning Center?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Education & Field Experience**

Type of School	Name of School	Years Completed	Credits/Degrees
High School			
College			
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 Initial Certificate  Yes  No Year Completed? \_\_\_\_\_
- 30 Hours Basic STARS Certificate?  Yes  No Year Completed? \_\_\_\_\_

**Continuing Education:**

- Are you currently enrolled in school?  Yes  No
- If yes, where and when do you attend? Please explain \_\_\_\_\_  
\_\_\_\_\_

**Certificates and Trainings**

- Bloodborne Pathogens/HIV Certificate?  Yes  No Last Date Completed: \_\_\_\_\_
- Basic First Aid Certification?  Yes  No If yes, expiration date: \_\_\_\_\_
- Child/Infant CPR Certification?  Yes  No If yes, expiration date: \_\_\_\_\_
- Food Handlers Permit?  Yes  No If yes, expiration date: \_\_\_\_\_
- Drivers License  Yes  No If yes, number: \_\_\_\_\_
- Additional Certificates & Trainings? \_\_\_\_\_  
\_\_\_\_\_

**Additional Information:** You must be able to perform the essential functions of the position for which you are applying. Please note that in the requirements listed below, that we cannot make accommodations.

Working in childcare requires teachers to lift children at times. Those working with very young children (12-29 months) will need to lift children throughout the day, while those working with older children (2 ½ to 5 years), will need to lift as needed but with less frequency.

- Ability to lift 40 pounds  Yes  No  
If No, please explain. \_\_\_\_\_  
\_\_\_\_\_

This position involves movement throughout the day, including the abilities to pivot in order to avoid tripping over small children, and running outdoors on uneven ground.

- Ability to meet the physical needs as described above  Yes  No If No, please explain. \_\_\_\_\_  
\_\_\_\_\_

The Department of Health (DOH) recommends (as of 5/27/20) that people who are **high risk** for health problems from COVID should consult with their health care provider when considering whether to provide childcare.

- Have you consulted with a health care provider regarding your ability to provide childcare?  Yes  No  
Please explain. \_\_\_\_\_

**Employment History** (begin with the most recent) **Please note that email addresses MUST be legible**

1. Position/Job Title: \_\_\_\_\_ Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_  
Telephone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_  
Start Date: \_\_\_\_\_ Start Pay: \_\_\_\_\_ Hours/week: \_\_\_\_\_  
End Date: \_\_\_\_\_ End Pay: \_\_\_\_\_ Hours/week: \_\_\_\_\_  
Description of duties: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

May we contact this employer?  Yes  No If No, please explain. \_\_\_\_\_

2. Position/Job Title: \_\_\_\_\_ Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_  
Telephone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_  
Start Date: \_\_\_\_\_ Start Pay: \_\_\_\_\_ Hours/week: \_\_\_\_\_  
End Date: \_\_\_\_\_ End Pay: \_\_\_\_\_ Hours/week: \_\_\_\_\_  
Description of duties: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

May we contact this employer?  Yes  No If No, please explain. \_\_\_\_\_

3. Position/Job Title: \_\_\_\_\_ Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_  
Telephone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_  
Start Date: \_\_\_\_\_ Start Pay: \_\_\_\_\_ Hours/week: \_\_\_\_\_  
End Date: \_\_\_\_\_ End Pay: \_\_\_\_\_ Hours/week: \_\_\_\_\_  
Description of duties: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

May we contact this employer?  Yes  No If No, please explain. \_\_\_\_\_

4. Position/Job Title: \_\_\_\_\_ Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_  
 Telephone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_  
 Start Date: \_\_\_\_\_ Start Pay: \_\_\_\_\_ Hours/week: \_\_\_\_\_  
 End Date: \_\_\_\_\_ End Pay: \_\_\_\_\_ Hours/week: \_\_\_\_\_  
 Description of duties: \_\_\_\_\_  
 \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_  
 \_\_\_\_\_

May we contact this employer?  Yes  No If No, please explain. \_\_\_\_\_  
 \_\_\_\_\_

**Professional References: Supervisors, Mentors and/or Co-workers**

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_ (legible)
2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_ (legible)
3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_ (legible)

**\*\*\*Read Before Signing\*\*\***

*I understand that employment with Blossom Childcare and Learning Center will be on a 90 day introductory basis. If employed, I will abide by its rules and regulations. I understand that this application is not intended to be a contract of employment, nor does this application obligate the employer in any way if the employer decides to employ me. Further I give Blossom Childcare and Learning Center, Inc. permission to contact all or any of my previous employers for full information. All of the foregoing information I have supplied in this application is a full and complete statement of the facts and it is understood that if any falsifications be discovered, it will constitute grounds for dismissal upon discovery thereof.*

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

