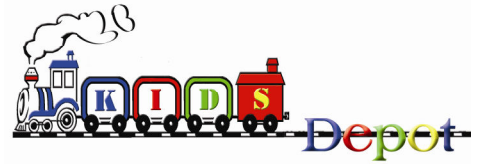


Kids Depot Childcare

5301 Commercial Avenue
 Madison, WI 53704
 Phone: 608-249-6448
 Fax: 608-249-6487



APPLICATION & STAFF RECORD

Name:		Address:				
Telephone #:		Social Security #:		<input type="checkbox"/> High School Diploma Date: <input type="checkbox"/> GED Date:		
Position Applied For:		Persons to be notified in emergency (Name, Address, Telephone #)				
ENTRY LEVEL QUALIFICATIONS - Post High School, College, University, Vocational		Dates Attended		Major		<input type="checkbox"/> CDA Date: Degree, Diploma, Credential
Additional Training in Early Childhood - Course Title(s)		Sponsor/Trainer		Date Completed:		Number of Hours:
1. Name & Address of Company & Type of Business	From Mo./Yr.	To Mo./Yr.	Describe the work you did	Weekly Starting Salary	Reason for Leaving	Name of Supervisor
Telephone:						

2. Name & Address of Company & Type of Business	From Mo./Yr.	To Mo./Yr.	Describe the work you did	Weekly Starting Salary	Reason for Leaving	Name of Supervisor
Telephone:						

3. Name & Address of Company & Type of Business	From Mo./Yr.	To Mo./Yr.	Describe the work you did	Weekly Starting Salary	Reason for Leaving	Name of Supervisor
Telephone:						

4. Name & Address of Company & Type of Business	From Mo./Yr.	To Mo./Yr.	Describe the work you did	Weekly Starting Salary	Reason for Leaving	Name of Supervisor
Telephone:						

PERSONAL REFERENCES (Not former Employers or Relatives)

Name & Occupation	Address	Phone #

In order to enable us to check references, please read and sign this release:

“I hereby authorize any former employer, firm, school, or governmental agency, specifically including, but not limited to, those listed in this application, to answer any and all questions and to release or provide any information within their knowledge or records which may relate to me. I agree to hold any or all of them harmless and I release them from any liability for releasing any truthful information that is within their knowledge or records.

Signature: _____ Date: _____