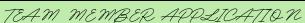
ASTAN INC LEARING ACADEMY





PERSONAL DETAILS:

Full Name:	Today's Date:			
Email Address:				
Phone Number:	Preferred Method of Contact: Phone or Email			
Home Address:				
City:	State: Zip:			
EDUCATION:	SKILLS & QUALIFICATIONS			
Highest Level of Education Completed: High School Diploma/GED Associate's Degree Bachelor's Degree Master's Degree Some College Degree(s) Earned:	Relevant Skills: (list any child care or ECE job-specific skills) Certifications or Special Training (if applicable):			
EMPLOYMENT HISTORY:				
Employer Name:				
Job Title:				
Dates of Employment: From:	То:			
Responsibilities & Achievements:				
Employer Name:				
Job Title:				
Dates of Employment: From:	То:			
Responsibilities & Achievements:				





ADDITIONAL INFORMATION:

Applicant Signature:

How did you hear about this job? (e.g., Referral, Online Job Board, Company Website, etc.)			
Desired Position? (e.g., Master Teacher, Assistant Teacher, Kitchen, Parent Liaison, etc.)			
Desired Hourly Pay/Salary?			
REFERENCES:			
Please provide THREE professional references	who are familiar with your work.		
Defense as I			
Reference 1: Name:	Relationship to Applicant:		
Name.	кеналогізпір то друпеатт.		
Phone Number:	Email:		
Reference 2:			
Name:	Relationship to Applicant:		
Phone Number:	Email:		
Reference 3:			
	Deletienskip to Applicants		
Name:	Relationship to Applicant:		
Phone Number:	Email:		
APPLICANT'S DECLARATION			
By submitting this application, I confirm that the information provided is accurate and complete to the best of my knowledge. I understand that any false information may disqualify me from consideration for employment.			
Print Name:	Date:		



Program Type			
Select one:			
	e Center or Family Child Care F	Home Personnel	
	al or Child-Placing Agency Per		
	and of common talenting rigority is co		
			K8
Program name			License number
Personnel or A	Applicant		
First name	Mide	dle name Last name	9
All previous nan	nes, including aliases and mai	den	
Social Security I	number Date of birth	Phone number	Alternate phone
Street address		City	State ZIP code
Is your street ac	Idress the same as your mailin	g? 🗌 Yes 🗌 No	
Mailing address	or PO Box	City	State ZIP code
Email			
Education			
☐ Yes ☐ No	Do you have a high school di credential, or Licensing appr		Development (GED)
☐ Yes ☐ No	When NO, are you in the process of obtaining a high school diploma, GED, or Licensing approved equivalent?		
What is the high	est grade you have completed	d:	

Background Investigation				
☐ Yes ☐ NoAre you required to register under the Sex Offenders Registration Act?				
Yes No Do you have pending charges, have you entered a plea of guilty or nolo contendere (no contest); or been convicted of any criminal activity involving gross irresponsibility or disregard for the safety of others; violence against an individual; sexual misconduct; child abuse or neglect; animal cruelty; or possession, sale, or distribution of illegal drugs?				
Signature of Personnel or Applicant				
☐ Yes ☐ NoI understand by completing this form a background investite to hire.	gation will occur prior			
 Yes □ NoI understand my registration on the Child Care Registry (Restricted Registry) may occur when: a background investigation reveals a specified criminal history; or an action against a child in care results in a confirmed or substantiated finding of abuse or neglect. 				
\square Yes \square NoI certify the information provided on this form is true and c	omplete.			
Signature of personnel or applicant	Date			
Parent's signature when applicant is a minor	Date			
Position(s) assigned or title	Employment date			
Owner, Responsible Entity, Director, or Primary Caregiver Use Only				
I understand giving false or incomplete information may result in denial or revocation of my license.				
Signature of owner, responsible entity, director, or primary caregiver Date				
Complete during hiring process by owner, responsible entity, director, or primary caregiver: Date Restricted Registry search completed: Date three referencechecks completed:				
Date preliminary criminal history review results received,if applicable: _ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
Date complete criminalhistoryreviewresults received:				
Date Personnel Information form submitted to Licensing:				

Form must be submitted to Licensing within 2 weeks of employment. Please ensure all sections of the form are complete before submitting to licensing.

Routing Instructions

Submit completed form to your assigned licensing specialist using the Submit button below.

Submit to Licensing Specialist