



Early Childhood Council for Yuma, Washington and Kit Carson Counties  
PO Box 450, Yuma CO 80759

Phone: 970-360-9099

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PLEASE PRINT ALL INFORMATION  
REQUESTED EXCEPT SIGNATURE

Office use only

APPLICATION FOR EMPLOYMENT

PLEASE COMPLETE PAGES 1-5, If you cannot answer a question, Date: \_\_\_\_\_  
Just leave it blank

Name \_\_\_\_\_  
Last First Middle

Present address \_\_\_\_\_  
Number Street City State Zip

How long \_\_\_\_\_ Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Cell number (\_\_\_\_) \_\_\_\_\_

If under 18, please list age \_\_\_\_\_

Position applied for \_\_\_\_\_

Days/hours available to work  
No pref \_\_\_\_\_ Thur \_\_\_\_\_  
Mon \_\_\_\_\_ Fri \_\_\_\_\_  
Tue \_\_\_\_\_ Sat \_\_\_\_\_  
Wed \_\_\_\_\_ Sun \_\_\_\_\_

How many hours can you work weekly? \_\_\_\_\_ Can you work some evenings and weekends? \_\_\_\_\_

Employment desired ☐ FULL-TIME ONLY ☐ PART-TIME ONLY ☐ FULL OR PART-TIME

When are you available to begin work? \_\_\_\_\_

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. Or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? ☐ NO ☐ YES

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation

\_\_\_\_\_  
\_\_\_\_\_



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DO YOU HAVE A DRIVER'S LICENSE? ☐ YES ☐ NO

What is our means of transportation to work? \_\_\_\_\_

Driver's License

Number \_\_\_\_\_ State of issue \_\_\_\_\_ ☐ Operator ☐ Commercial CDL ☐ Chauffeur

Expiration Date \_\_\_\_\_

Have you had any accidents during the past three years? If yes, how many? \_\_\_\_\_

Have you had any moving violations during the past three years? If yes, how many? \_\_\_\_\_

**COMPUTER SKILLS**

Microsoft Word ☐ Microsoft Excel ☐ Microsoft Publisher ☐ Microsoft Outlook ☐ Typing ☐

Data Base ☐ Internet ☐ Web Design ☐ WordPress ☐ Google Documents ☐

Other Skill \_\_\_\_\_

Please list two references other than relatives or previous employers.

Name \_\_\_\_\_

Name \_\_\_\_\_

Position \_\_\_\_\_

Position \_\_\_\_\_

Company \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone ( ) \_\_\_\_\_

Telephone ( ) \_\_\_\_\_

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.



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<b>MILITARY</b>		
HAVE YOU EVER BEEN IN THE ARMED FORCES? <input type="checkbox"/> Yes <input type="checkbox"/> No		
ARE YOU NOW A MEMBER OF THE NATIONAL GUARD <input type="checkbox"/> Yes <input type="checkbox"/> No		
Specialty _____ Date Entered _____ Discharge Date _____		

<b>Work Experience</b>	Please list your work experience for the <b>past five years</b> beginning with your most recent job held. If you were self-employed, give firm name. <b>Attach additional sheets if necessary.</b>
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<b>Most Recent Employer</b>	<b>Dates Employed:</b>  From:  To:	<b>Work Performed</b>
<b>Address</b>	<b>Supervisor</b>	
<b>Job Title</b>  <b>Salary:</b> <b>Start:</b> <b>End:</b>	<b>Reason for Leaving</b>	

<b>Employer</b>	<b>Dates Employed</b>  From:  To:	<b>Work Performed</b>
<b>Address</b>	<b>Supervisor</b>	
<b>Job Title</b>  <b>Salary:</b> <b>Start:</b> <b>End:</b>	<b>Reason for Leaving</b>	



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<b>Employer</b>		<b>Dates Employed</b>  From:  To:	<b>Work Performed</b>
<b>Address</b>		<b>Supervisor</b>	
<b>Job Title</b>	<b>Salary:</b> <b>Start:</b> <b>End:</b>	<b>Reason for Leaving</b>	

<b>Employer</b>		<b>Dates Employed</b>  From:  To:	<b>Work Performed</b>
<b>Address</b>		<b>Supervisor</b>	
<b>Job Title</b>	<b>Salary:</b> <b>Start:</b> <b>End:</b>	<b>Reason for Leaving</b>	

The Early Childhood Council for Yuma, Washington and Kit Carson Counties (ECCYWK) is an Equal Opportunity Employer. It is the policy of the ECCYWK not to discriminate in employment matters on the basis of race, creed, color, age, marital status, national origin, sex, or status with regard to public assistance or disability.

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if employed, false statements on this application shall be considered sufficient cause of dismissal. You are hereby authorized to make investigation of my personal references.

\_\_\_\_\_

Signature of Applicant

\_\_\_\_\_

Date