

Brooke of Life Application

Full Name: _____ Date of Application: _____

Campus/ Location: _____ Position: _____

Address: _____

Mailing address (if different): _____

Phone: _____ Email: _____

Social Security Number _____ Date of Birth _____

Are you a U.S. Citizen? _____ If no, do you have permission to work in the U.S.? _____

Have you ever been convicted of a crime? _____ If yes, please explain: _____

Are there any physical or personal limitations on the type of work you can do (with children)? _____

Emergency Contact (Name, Phone, Relationship): _____

Hours of Availability:

Monday: _____ Thursday: _____

Tuesday: _____ Friday: _____

Wednesday: _____ Saturday: _____

Sunday: _____

***** If Care or Enrichment: *****

Classes you would like to teach (if applicable): _____

Do you have a current: Child Care Workers Permit _____ CPR/First Aid _____ TB Test _____

Are you physically and emotionally able to work in a childcare operation? _____

In order to work with children in a school-related setting, fingerprinting is mandatory. I understand that I will be responsible for the \$37 fee that Morpho Trust charges if my fingerprints are not already on file in the SBEC system.

Signed: _____ Date: _____

Please fill out the questions below OR attach a resume that details your education and work experience.

Education	Name and Location	Graduated? Degree?	Major/ Subjects of Study
High School			
College or University			
Specialized or Trade school			
Other Education			

Previous Experience:

Dates Employed	Company Name	Location	Role/Title

Job Tasks, Responsibilities and reason for leaving: _____

_____ Salary: _____

Dates Employed	Company Name	Location	Role/Title

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