

Little Acorn



Preschool & Kindergarten

Name: _____

Date: _____

Address: _____

S.S.# _____

Telephone: _____

D.O.B. _____

In case of emergency please contact : _____

PREVIOUS WORK EXPERIENCE - Most Recent First

Employer	Address	Telephone	Date
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

EDUCATION

High School: _____ Yr. Graduated _____

College: _____ Degree _____

Other Schooling: _____

Have you ever been convicted of a crime? Yes No

If yes, please explain: _____

Are you capable of lifting 50 lbs? Yes No

Are you willing to spend time outdoors in weather suitable for children? Yes No

REFERENCES:

Name	Address	Telephone
------	---------	-----------

Name	Address	Telephone
------	---------	-----------

Name	Address	Telephone
------	---------	-----------

Name	Address	Telephone
------	---------	-----------