



Church Experiences you have had working with young children:

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Employment History:

Month And Year	Name and Address of Employer	Position	Reason For leaving	Name and Phone No. of Supervisor
From: To:				
From: To:				
From: To:				

If currently employed, may we contact your current employer? \_\_\_\_\_

References: List below three people not related to you, whom you have known at least one year. One work related and one from your church is helpful.

Name	Address	Association	Years Acquainted

Training required by Ohio Department of Jobs and Family Services:

Class	Hours Completed	Expiration Date
Infant/Child First Aid		
Prevention, recognition and Management of Communicable disease		
Child Abuse and Recognition		
CPR		

