



Angel's Child Care Referral Service

angelbabysitter@aol.com

EMPLOYMENT APPLICATION

Date: _____

Name: _____

Address: _____

State/Province: _____

Zip/Postal Code: _____

Birth Date for background check: _____

Length of time at
address? _____

Home Phone: _____

Cell Phone: _____

E-Mail: _____

Education Level

- Some High School
- High School
- Some College
- College

Do you have a drivers license?

- yes**
- no**

Driver's License number: _____

State of Issue: _____

License Type

- Operator
- Commercial
- Chauffeur

Angel Child Care Questionnaire
Please answer the below questions regarding your childcare experiences

1. Please indicate any specialized training or paid experience in caring for Children in the below box.

2. Please indicate why you are interested in caring for children: