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EARLY LEARNING CENTER JOB APPLICATION

Name _____ Date of Birth _____

E-Mail _____ Phone # _____

Address _____

Length At This Address _____

Position Desired _____

Full or Part-time: _____

Education:

High School _____ Dates _____

College _____ Dates _____

Major _____ Minor _____

Graduate Work _____ Dates _____

Special / Other _____ Dates _____

Employment History:

1. Firm _____ City & State _____

Type of Business _____ Position _____

Supervisor's Name _____ Phone # _____

Duties _____ Salary _____

Employment Dates _____ to _____

Reason for Leaving _____

2. Firm _____ City & State _____

Type of Business _____ Position _____

Supervisor's Name _____ Phone # _____

Duties _____ Salary _____

Employment Dates _____ to _____

Reason for Leaving _____

3. Firm _____ City & State _____

Type of Business _____ Position _____

Supervisor's Name _____ Phone # _____

Duties _____ Salary _____

Employment Dates _____ to _____

Reason for Leaving _____

Briefly tell us your philosophy of education: _____

Professional References: Name , Email address & Phone #

1. _____

2. _____

3. _____

Signature: _____ Date: _____

Date of hire: _____

Date of termination: _____

Reason for termination: