



# Clare Swan Early Learning Center

## Our First Teachers Application

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_  
Street and Number Apartment Number  
\_\_\_\_\_  
City State Zip Code

Additional program qualifications/ preferences Yes No  
I am at least 18 years old\*

I have a GED, High School Diploma or Equivalent\*

I have current Pediatric CPR and First Aid certification

I am Alaska Native or American Indian

I have attached three letters of recommendation

*\*Applicants must be 18 years old and have a GED/Diploma in order to test for CDA certification*

Why are you interested in joining the Training our First Teachers Program?

Please describe your experience working with infants and toddlers

Please describe your work history

Most recent previous employer: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Dates of employment from \_\_\_\_\_ to \_\_\_\_\_

May we contact this employer? \_\_\_\_\_

Previous employer: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Dates of employment from \_\_\_\_\_ to \_\_\_\_\_

May we contact this employer? \_\_\_\_\_

Previous employer: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Dates of employment from \_\_\_\_\_ to \_\_\_\_\_

May we contact this employer? \_\_\_\_\_

Is there anything else why should know when considering your application?

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_