

Rebecca Roberts
267-585-7595
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www.magicyearschildcares.com



Name _____ Application Date _____

Phone Number _____ Email _____

Address _____

Emergency Contact:

Name _____ Relationship _____

Address _____ Phone Number _____

Position Applying for? _____ **Desired Salary?** _____

Are you a citizen of the US? Yes No

Are you of the age 18 or older? Yes No

Are you able to lift 25 + pounds? Yes No

If no, please explain

Do you have current CPR/ First Aid? Yes No

References:

1.Name _____ Phone Number _____ Relation _____

2.Name _____ Phone Number _____ Relation _____

3.Name _____ Phone Number _____ Relation _____

Education:

Highest level of Education/School/Degree (if applicable)

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Questionnaire:

1. Children generally make me feel _____
2. I am the happiest when children _____
3. I get angry when children _____
4. Most children _____
5. Teachers can _____
6. Please explain your vision in detail as you see yourself as a teacher at Magic Years!

By signing this application, it is understood that everything in this application is correct information and it will be reviewed for further processing by Magic Years Childcare Center.

Signed Name

Date