

THE RIVER: ST. BARNABAS
VICTORIA PRESCHOOL SOCIETY

APPLICATION FORM FOR EARLY CHILDHOOD EDUCATOR AND EARLY CHILDHOOD EDUCATOR ASSISTANT

APPLICANT INFORMATION

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City Province Postal Code

Phone: _____ Email _____

Position Applied for: _____

EDUCATION AND CERTIFICATION

REFERENCES

Please provide three references.

Full Name: _____ : _____

Connection to you: _____ Phone: _____

Address: _____

Full Name: _____ : _____

Connection to you: _____ Phone: _____

Address: _____

Full Name: _____ : _____

Connection to you: _____ Phone: _____

Address: _____

FOR OFFICE USE

Date Application Received: _____

ECE _____ ECEA _____ CRC _____ Immunization Record Provided _____ First Aid _____ CPR _____

Resume: _____ Covering Letter: _____ Certificates attached: _____

Other _____

Interview Date: _____