

# Wesley Christian Child Development Center

1212 W Calhoun St

Macomb, IL 61455

309-836-9356

309-836-5522 fax

[Wesleydirectormacomb@gmail.com](mailto:Wesleydirectormacomb@gmail.com)

## Job Application

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

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Interested in working:      full time: \_\_\_\_\_ Part time: \_\_\_\_\_ substituting: \_\_\_\_\_

Email address: \_\_\_\_\_

## Educational Background

Name of School	Dates Attended	Area	Degree

## Previous Employment

Name & Address of Employer	Dates Worked	Type of Work

## References

Name	Address	Phone	Work Relationship

**Please List Other Related Experiences in Child Care:**  
(Include anything special you have done related to children or child care)

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## Availability

	Monday	Tuesday	Wednesday	Thursday	Friday
Start time					
End Time					

## Class Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday
Class Times					

SUBMIT