

Application for Employment

Little Dippers Learning Center

PO BOX 419

Skagway, AK 99840

907-283-6785

First Name:	Middle Name:	Last Name:
Phone Number:	e-mail :	
Date of Birth:	Mailing Address:	Off-season Mailing Address:
<i>Employment History</i>		
Job Title	Date(s) Employed	Description of Duties

References		
Name	Relationship	Phone Number
Availability Start date: _____ End Date: _____		
Part-Time	Full-Time	Other:

Please describe briefly your experience/desire to work with children:

What skills, talents, and interests can you apply to your work with children?