

Cook Inlet Native Head Start

Grow Our Own 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 Grow Our Own Teachers Program?

Are you fluent in an Alaska Native Language? If so, which one?

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? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_