



LOS ANGELES MISSION COLLEGE
Child Development Center
Application for Student Worker

NAME		DATE
ADDRESS		
HOME TELEPHONE	CELLULAR PHONE	E-MAIL

EDUCATIONAL BACKGROUND

NAME OF HIGH SCHOOL	ADDRESS	LAST YEAR ATTENDED	DIPLOMA/GED
NAME OF COLLEGE	ADDRESS	LAST YEAR ATTENDED	AA/BA/BS/MA/MAJOR
NAME OF VOCATIONAL	ADDRESS	LAST YEAR ATTENDED	CERTIFICATE

PERMIT/CREDENTIAL

TYPE OF PERMIT/CREDENTIAL	DATE ISSUED	EXPIRATION DATE

CHILD DEVELOPMENT UNITS

NUMBER OF CD UNITS COMPLETED	NUMBER OF UNITS IN PROGRESS	Which Child Development Classes have you completed.

WORK EXPERIENCE (Start with most current employer)

NAME OF EMPLOYER	ADDRESS	Start Date/ End Date	Why you left.
NAME OF SUPERVISOR	JOB DESCRIPTION		
BEGINNING PAY SCALE			
ENDING PAY SCALE			
NAME OF EMPLOYER	ADDRESS	Start Date/ End Date	Why you left.
NAME OF SUPERVISOR	JOB DESCRIPTION		
BEGINNING PAY SCALE			
ENDING PAY SCALE			
NAME OF EMPLOYER	ADDRESS	Start Date/ End Date	Why you left.
NAME OF SUPERVISOR	JOB DESCRIPTION		
BEGINNING PAY SCALE			
ENDING PAY SCALE			

Volunteer Experience: (Where, When, Type)

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Applicant's Signature: _____ **Date:** _____

Please email the application and unofficial transcripts to cdc@lamission.edu