



Website Employment Application

Please Print

Date of Application: _____

Last Name		First Name		Middle Name	
Address (street number and name)			State/City		Zip Code
Phone (home/where you can be reached)		Cell Phone		Message Telephone/Email	

Position Applied for: _____ Desired Start Date: _____

Do you have an age level preference? _____ Hours: Full Time or Part Time

Education

High School Attended and Year Graduated - _____

Colleges/Programs/Degrees Completed or In Progress - _____

Child care specific training you have completed in the last three years (such as First Aid, CPR, etc.)

Return this application to us via mail or fax as noted:

Discovery Harbor Learning Center, LLC
PO Box 680893
Charlotte, NC 28216
Fax : 980.297.7332

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