



Please fill out the application and return to:

**Amanda Pate, Project Coordinator
Early Education Profession Project
Penquis Resource Development Center
262 Harlow Street, Bangor, ME 04401**

If you have any questions, please call (207) 973-3539 or 1-800-215-4942, or email apate@penquis.org.
Thank you for your interest in the Early Education Profession Project.

Personal Information:

Name: _____ male female

Mailing Address: _____

Phone: _____ E-mail: _____

Race:

African American Latino or Hispanic Native American
Caucasian Asian, Pacific Islander Other _____

Business Information:

Business name: _____

Business address: _____

Business phone: _____ Business email: _____

What is your current licensing capacity? _____

What is your licensing status? _____

Please list current employees and their roles:

Training:

A. Are you a member of the Maine Roads to Quality registry? yes no

If yes, what level? _____

B. Are you a Quality for ME provider? yes no

If yes, what step? _____

Skills:

Have you ever, or do you presently, use a computer? yes no

Please check the computer programs you use:

- Microsoft Word Microsoft Excel
- E-mail Maintain a [www.page](#) (web page)
- Microsoft ACCESS Microsoft Publisher

References:

Please list three persons (not relatives) who can tell us about your employment and your character.

Name: _____ Phone: _____

Address: _____ City: _____ State: _____

Relationship: _____

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Address: _____ City: _____ State: _____
Relationship: _____

Please describe your goals for expanding your child care business:

What are you looking for in an employee?

What role do you see the new employee assuming?

How will gaining an employee improve the quality of your child care program?

1. Do you have any need for a loan for business expansion? ___ yes ___ no

If yes, how much do you think you will require? _____

2. Have you been to a bank or some other financial institution to try to acquire financing for your business expansion? ___ yes ___ no

If yes, which one? _____

3. Do you have any personal savings to put into your business expansion? ___ yes ___ no

4. Have you ever written a business plan for your business? ___ yes ___ no

5. Do you need help with record keeping? ___ yes ___ no

6. What do you consider to be your greatest business strengths?

7. What areas do you struggle the most with?

8. What would you identify as personal barriers to expanding your child care business?

Please read the following and sign the Application Form below.

The information provided in this application is accurate to the best of my knowledge.

I understand that the Early Education Profession Project makes the decision as to whether I am approved for membership into the Early Education Profession Project.

Signature: _____

Name(Printed): _____

Date: ___/___/_____