

Please fill out the application and return to:

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

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

**Personal Information:**

Name: \_\_\_\_\_ \_\_\_ male \_\_\_ female

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Are you eligible to work in the United States? \_\_\_ yes \_\_\_ no

**Race:**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> African American | <input type="checkbox"/> Latino or Hispanic      | <input type="checkbox"/> Native American |
| <input type="checkbox"/> Caucasian        | <input type="checkbox"/> Asian, Pacific Islander | <input type="checkbox"/> Other _____     |

Are you currently receiving TANF? \_\_\_ yes \_\_\_ no

Total monthly household income \_\_\_\_\_

Sources of income \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of people in your household \_\_\_\_\_

How did you learn about Early Education Profession Project?

- \_\_\_\_\_ TANF                      \_\_\_\_\_ Career Center  
\_\_\_\_\_ ASPIRE                      \_\_\_\_\_ Transition Team  
\_\_\_\_\_ other Please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<p>FOR OFFICE USE ONLY</p> <p>INCOME VERIFICATION</p> <p>Name _____</p> <p>Date _____</p>
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**Education/Training:**

A. High School Diploma or equivalent \_\_\_ yes \_\_\_ no

B. Describe post high school education/training

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Skills and qualifications:**

1. What strengths would you bring to a child care business?

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2. What do you hope to gain by applying to the Early Education Profession Project?

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3. What would you identify as personal barriers to starting your child care business?

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4. Have you ever, or do you presently, use a computer?    \_\_\_ yes    \_\_\_ no

A. Check the computer programs you use:

Microsoft Word

Microsoft Excel

E-mail

Maintain a [www.page](#) (web page)

Microsoft ACCESS

Microsoft Publisher

**Employment history:**

**Employer:** \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Business Type: \_\_\_\_\_

Address: \_\_\_\_\_

City, state, zip: \_\_\_\_\_

Length of Employment (Include Dates): \_\_\_\_\_

Position & Duties: \_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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May we contact this employer for references? \_\_\_ yes \_\_\_ no

**Employer:** \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Business Type: \_\_\_\_\_

Address: \_\_\_\_\_

City, state, zip: \_\_\_\_\_

Length of Employment (Include Dates): \_\_\_\_\_

Position & Duties: \_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

May we contact this employer for references? \_\_\_ yes \_\_\_ no

**References:**

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

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Relationship: \_\_\_\_\_

**If you are interested in starting your own Family Child Care business, please complete this next section of the application:**

Please describe your goals for your child care business:

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1. Do you have any need for a loan for business startup?    \_\_\_ 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?    \_\_\_ yes    \_\_\_ no

    If yes, which one? \_\_\_\_\_

3. Do you have any personal savings to put into your business venture?    \_\_\_ 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?

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7. What areas do you struggle the most with?

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**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(Print): \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

To the Applicant:

Please answer the following:

1. Have you ever been arrested for or charged with any offense relating to child sexual abuse?

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What was the final outcome?

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2. Do you have any pending charges against you relative to child sexual abuse?

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3. Do you have any convictions related to other forms of child abuse and/or neglect?

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4. Do you have any convictions for any violent crime?

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Signed: \_\_\_\_\_

Date: \_\_\_\_\_