



ECE Work History Form

Please email this completed form to ece@douglascollege.ca

Name

Student Number

Address

Email

Phone

1. Work History

a. Place of Employment

Start Date

End Date

Title

Duties

First and Last Name of Reference

Reference's Email

Reference's Phone Number

b. Place of Employment

Start Date

End Date

Title

Duties

First and Last Name of Reference

Reference's Email

Reference's Phone Number

c. Place of Employment

Start Date

End Date

Title

Duties

First and Last Name of Reference

Reference's Email

Reference's Phone Number

2. What is your career plan? Tell us about your goals for the future.

3. What are your strengths as a practitioner in your field?

4. Tell us about your volunteer experiences related to ECE.

5. List other relevant activities, skills and attributes (i.e other languages, hobbies, talents) related to early childhood education:

6. Declaration and Consent

I confirm that the information provided in this form is true and complete to the best of my knowledge. I understand that Douglas College may contact the references listed above to verify my employment and experience. I take full responsibility for ensuring that the individuals listed as references are aware of their inclusion in this form and have consented to be contacted by the College.

Signature:

Date:

Keep a copy of this form for yourself once completed, as you will need it when accepted into the program.