

**The Military Child Education Coalition™
Parent to Parent® Application**

Section A-Applicant Information			
1a. Last Name	1b. First Name	1c. Middle Initial	
2a. Mailing Address			
2b. City	2c. State	2dc. Zip Code	
3a. Phone Number (Daytime)	3b. Phone Number (evening)	4a. Date of Birth	4b. Social Security Number
5. E-Mail Address			
6. Are you a U.S. citizen? ____ Yes ____ No If no, what country?			
Section B – Work Experience (Begin with your most recent experience. Do not go back further than 10 years. You may add additional pages if needed)			
Briefly describe your paid and non-paid work experience			
1a. Position Title			
1b. From (mm/yyyy)	To (mm/yyyy)	Reason for leaving	
1c. Briefly describe your duties and accomplishments.			
1d. Supervisor's Name		Phone Number ()	
1e. May we contact your current supervisor? ____ Yes ____ No			
2a. Position Title			
2b. From (mm/yyyy)	To (mm/yyyy)		
2c. Briefly describe your duties and accomplishments.			
2d. Supervisor's Name		Phone Number ()	
3a. Position Title			
3b. From (mm/yyyy)	To (mmyyy)		

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3c. Briefly describe your duties and accomplishments.	
3d.. Supervisor's Name	Phone Number ()
Section C-Education	
1. Last High School (HS)/GED School. Give the school's name, city, state, and zip code, and year diploma or GED was received.	
2. Mark Highest Level Completed: HS/GED___ Associate___ Bachelor___ Masters___ Doctorate___	
3. Colleges and Universities Attended	
3a. Name	
3b. City	3c. State
3d. Major	3e. Credits Earned
4a. Name	
4b. City	4c. State
4d. Major	4e. Credits Earned
Section D-Other Professional Training	
List any professional licenses or certifications you hold	
1a. Title	1b. State Issued
1c. Date Issued	1d. Expiration Date
2a. Title	2b. State Issued
2c. Date issued	2d. Expiration Date
Section E-Military Experience	

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**Section F
Committee/Group Work Experience**

Briefly describe a project you have worked on as part of a group with expectations, deadlines, and challenges. Please provide one reference for this project.

1a. Reference Name

1b. Address

1c. Phone number

Section G-Other Experiences/Skills

List other experiences or skills that you have that could contribute to this program (e.g. languages, computer skills)

1a.

1b.

1c.

Section H Information Related to Your Present Location

1a. Name of military installation you live on or near

1b. Length of time you expect to be in the installation area _____years _____months

2a. Do you have school-age children? _____ If yes, do they attend:
 Public School_____ District and School Name_____
 Private School_____ School Name_____
 Home School_____

Section I Background and Criminal History Check
The following information is provided to MCEC™ for the purpose of investigation of background and criminal history.

List any alias you have used to include maiden and other married names

1a.

1b.

1c.

1d.

1e.

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Section J References

Give two references. These should be individuals who know about your ability to work as part of a team and your commitment to the military child. Do not list relatives.

1a. Name

Address

Daytime Phone Number

1b. Name

Address

Daytime Phone Number

Section J- MCEC Training

Have you ever attended any MCEC sponsored training? If yes, please give type of training, location, and approximate date.

Section K-Applicant Certification

I certify that, to the best of my knowledge and belief, all of the information on and attached to this application is true, correct, complete, and made in good faith. I understand that false or fraudulent information on or attached to this application may be grounds for not hiring me or for dismissing me after the contract is signed. I further understand that the information on or attached to the application may be investigated.

1a. Signature

1b. Date

Mail the completed application to: Military Child Education Coalition
ATTN: Parent to Parent
108 East FM 2410 Suite D
Harker Heights, TX 76548

Or fax the completed application to (254) 953-1925