



Employment Application

For Office Use Only

DATE

POSITION DESIRED/FT OR PT

DATE AVAILABLE

NAME (First) (Middle) (Last) FORMER NAMES IF ANY

MAILING ADDRESS CITY STATE ZIP CODE CELL PHONE

BIRTHDATE EMAIL ADDRESS

If you are under age 18, can you submit a work permit if hired? YES NO I am over the age of 18

Are you a US citizen? YES NO

If you are not a US citizen, do you have a VISA to work in the US? YES NO

If yes, what kind of VISA classification? Visa Registration No: Expiration Date:

EDUCATION (Attach documentation of qualifying education such as transcripts or degrees earned)

PLACE	DATES	DIPLOMA CERT. OR DEG. EARNED
HIGHSCHOOL:		
COLLEGE:		
OTHER:		

Are you currently enrolled in any Early Childhood Education courses? YES NO

Have you completed any Early Childhood Education courses? YES NO

If so, how many units have you completed?

If currently enrolled in courses, please list course names:

Do you possess any type of Child Development Permit? YES NO

Type of permit: ☐ Child Development Assistant ☐ Child Development Associate Teacher ☐ Child Development Teacher ☐ Child Development Master Teacher ☐ Child Development Site Supervisor ☐ Child Development Program Director

Have you applied for a Child Development Permit? YES NO

If yes, what type of Credential did you apply for:

Date Applied: / /

EXPERIENCE WITH CHILDREN (Indicate ages of children, your duties, and dates you worked or volunteered.)

(Attach any documentation of experience working with children.)

Do you have any children that need childcare while you are at work? YES NO

If yes, please list their name and ages: _____

(Please note: While we do offer childcare benefits for our staff, enrollment is not guaranteed. It depends on our available space and the number of staff children currently enrolled.)

LIST YOUR THREE-YEAR EMPLOYMENT HISTORY. BEGIN WITH YOUR MOST CURRENT OR LAST EMPLOYER. IF YOU HAVE BEEN UNEMPLOYED DURING ANY TIME WITHIN THE PAST THREE YEARS, LIST HOW YOU SPENT YOUR TIME. EXAMPLE: STUDENT, UNEMPLOYED, ETC.

<i>MONTH/YEAR</i>	<i>NAME, PHONE, & ADDRESS OF EMPLOYER</i>	<i>POSTION AND DUTIES</i>	<i>REASON FOR LEAVING</i>
<u>FROM:</u> <u>TO:</u>			
<u>FROM:</u> <u>TO:</u>			
<u>FROM:</u> <u>TO:</u>			
<u>FROM:</u> <u>TO:</u>			
<u>FROM:</u> <u>TO:</u>			

LIST THREE PROFESSIONAL REFERENCES THAT ARE NOT RELATIVES.

<i>NAME</i>	<i>CONTACT NUMBER / EMAIL</i>	<i>POSITION HELD / WORKING RELATIONSHIP</i>	<i>OFFICE USE ONLY DATE CONTACTED/INITIAL</i>

May we contact previous employers? _____ YES _____ NO

Do you have a criminal record? _____ YES _____ NO

If yes, explain: _____

Have you ever been shown by credible evidence, e.g., a court order or jury, a department investigation or other reliable evidence to have abused, neglected or deprived a child or adult or to have subjected any person to serious injury as a result of intentional or grossly negligent misconduct? _____ YES _____ NO

If yes, explain: _____

Can you perform the essential function of the position for which you are applying? _____ YES _____ NO

If no, please explain: _____

Do you have a valid driver's license? _____ YES _____ NO If yes, give the license number and class: _____

Have you had CPR and first aid training within the past two years? _____ YES _____ NO

If yes, give expiration date: _____

Have you attended any completed any childcare training courses? _____ YES _____ NO

If yes, please list: _____

Our state licensing department requires annual childcare training, are you willing to participate? _____ YES _____ NO

I hereby certify that all the information provided in this employment application is true and complete. I understand that false information or the omission of information may disqualify my candidacy and may be grounds for termination. I further understand that I am applying to a Drug Free Workplace and may be required to submit to testing for the presence of drugs as a condition for employment.

Signature: _____ Date: _____