Application for Employment
Target Eight Advisory Council, Inc. Julia A. Lopez Child Development Center
1300 South Ave
Orange Cove CA. 93646

Date of Application _____ Position Applying For _____ Date Available, If Hired

PERSONAL HISTORY

Name _____
Last First Middle
Present Address _____
City, State & Zip _____
Person to be Notified in case of Accident or Emergency
Name Address Telephone No

Social Security No. _____
Telephone No. _____
Message No. _____
Email

Are you over Eighteen years of Age?
☐ YES ☐ NO
Have you ever been convicted of a Felony?
☐ YES ☐ NO
If yes, please give date and details?

Can you, after employment, submit verification of your legal right to work in the united states?
☐ YES ☐ NO

(To be completed only for those positions requiring Driving) DRIVER'S LICENSE NO _____
DO YOU HAVE A VALID CALIFORNIA DRIVER'S LICENSE?

EDUCATIONAL BACKGROUND (CIRCLE HIGHEST GRADE COMPLETED) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16+

NAME OF SCHOOL	ADDRESS	CITY & STATE	DID YOU GRADUATE?	COURSE OR STUDY	HOW MANY YEARS ATTENDED?
GRAMMAR OR GRADE SCHOOL			☐ YES ☐ NO		
HIGH SCHOOL			☐ YES ☐ NO		
COLLEGE			☐ YES ☐ NO		
BUSINESS OR TRADE			☐ YES ☐ NO		

FOR CLERICAL APPLICANTS ONLY: SHORTHAND _____ WPM TYPE _____ WPM
DESCRIBE ANY/ALL OTHER SKILLS PLUS ADDITIONAL INFORMATION THAT WOULD HELP YOU QUALIFY FOR THE POSITION ____

PERSONAL REFERENCES (EXCLUDING FORMER EMPLOYERS OR RELATIVES)			
NAME AND OCCUPATION	**ADDRESS**	**CITY, STATE &ZIP**	**PHONE NUMBER**
1.			
2.			
3.			

PRIOR WORK HISTORY (List In Order, Last or Present Employer First)

Dates From Mo/Year	Dates To Mo/ Year	Name & Address of Employer	Rate of Pay Start	Rate of Pay Finish	Supervisor's Name and Title	Reason For Leaving

Job Title / Briefly Describe the work you did

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Dates From Mo/Year	Dates To Mo/ Year	Name & Address of Employer	Rate of Pay Start	Rate of Pay Finish	Supervisor's Name and Title	Reason For Leaving

Job Title / Briefly Describe the work you did

May we contact the Employers listed above? ________________ If not, Indicate which one (s) you do not wish us to contact________________

Read this statement before signing:
My signature certifies that all information on this application is true. I understand and agree that any misstatement or omissions of material fact in this application will cause forfeiture on my part of all rights to employment by: **Target Eight Advisory Council, Inc.**
Note: All material submitted is considered property of this office. Applications are not kept on file after position applying for is filled. If you believe any question is discriminatory, you are not required to answer.

Signature:________________________________ Date:________________