GRANDMA'S HOUSE - A VISION OF HOPE PRESCHOOL AND FAMILY RESOURCE

226 South Blackstone – Tulare, California 93274 (559) 687-0925 or (559) 631-4200

www.grandmas-house.org 4thecarpenterme@att.net



APPLICATION FOR EMPLOYMENT

Position Desired				Flyer #	:		
Location				Date:			
How did you hear about the position?							
Instructions: Please complete a separate application for each position desired. Answer (PLEASE PRINT) OR TYPEWRITER. List all relevant work experience, since applic provided. This application is part of the selection process and is part of your total evaluation.	cants will be sele						
PERSONAL DATA:			Social Se	curity#			
Name: Last First	MI		Date of Birth				
RESIDENCE ADDRESS:			Home Ph	one			
Number Street Apt.#			()				
			Message	Phone:			
City State Zip Code MAILING ADDRESS (IF DIFFERENT FROM ABOVE):			E-mail ac	ldress:			
MAILING ADDRESS (IF DIFFERENT FROM ABOVE).			E-man ac	idiess.			
ADDITIONAL EMPLOYMENT DATA:	Yes No		Remarks: Explain any YES Answers to questions 5 - 7				
1. If selected for employment, could you furnish verification of your legal right to work in the United states?	()	()					
2. Do you have a valid California Driver's License?	()	()					
3. Do you have an automobile available for work?	()	()					
4. Do you have the ability to perform all of the essential functions required of The job for which you are applying? If no, what can be done to accommodate You?	()	()					
5. Have you ever been convicted of any criminal felony or misdemeanor? (The Existence of a criminal record does not automatically bar you from employment. However, failure to admit is cause for disqualification or dismissal.)		()					
6. Have you ever been discharged or requested to resign for misconduct or Unsatisfactory service?	()	()					
7. Will you require disability-related accommodations for interviews?	()	()					
CALIFORNIA CREDENTIALS OR PERMITS HELD – Type: Exp. Date:							
EDUCATIONAL RECORD: Circle highest grade completged: 6 7 8	9 10 1	11 12	13 14	15 1	6		
Did you graduate? () yes () no () GED Name of high school last attended:							
NAME AND LOCATION OF COLLEGES OR JOB-RELATED TRADE SCHOOL	OOLS ATTEN	DED M		Units	Degree or		
			Sei	n Qtr	Certificate		

OF	FFICE SKILLS:	COM	PUTER PROFICIENCY:	LANGUAGE: ENGLIS	OTHER LANGUAGES:
TYPING Sp	peed wpm	Word ()	Excel () Access ()	Ability to:	
10-key by to	ouch () yes () no	Microsoft	Outlook () PowerPoint ()		W
Data Entry _	strokes/hr.			Write () Read () Speak	Write () Read () Speak ()
WORK HIS	STORY: Read th	e experience	requirements in the job	announcement before	completing this section.
Begin wi	th your most red	cent job. List	all jobs and any period	s of unemployment in	the past ten years. Include
any milita	ary service. Als	so, list any m	obs you held more than	ten years ago which re	elate to the duties or
<mark>qualificat</mark>	tions of the job	you for which	n you are applying. You	a ma6y attach addition	al pages if necessary.
(Resume	may be attached	d, but is not a	substitute for completi	ng this application).	
	-				
From: Mo	o. Yr.		Your Title	Name	e of present or last Employer
То: Мо.	Yr.		Number you supervised: Your Duties	Addre	200
Salary per			Tour Duties		State/Zip
Hrs. / Day		Mos./ Yr.			visor's Name & Title:
	2 ay s, 11 a	1,100,11		Sup Ca	7,557 57 (411) 55 7,155
Hours pe	r day/week:		Reason for Leaving:	Telej	phone: ()
From: M	o. Yr.		Your Title	Name	e of present or last Employer
T. 14	¥7		Number you supervised:	4.11	
To: Mo. Salary per	Yr.		Your Duties	Addre	
Hrs. / Day		Mos./ Yr.		City/s Super	State/Zip visor's Name & Title:
IIIs. / Day	Days/ WK.	14103./ 11.		Бире	visor s rume & rue.
Hours pe	r day/week:	•	Reason for Leaving:	Telej	ohone: ()
From: Mo	o. Yr.		Your Title Number you supervised:	Name	e of present or last Employer
То: Мо.	Yr.		Your Duties	Addre	
Salary per					State/Zip
Hrs. / Day	Days/Wk.	Mos./ Yr.		Super	visor's Name & Title:
Hours pe	r day/week:		Reason for Leaving:	Tele	ohone: ()
•	•				
From: Mo	yr.		Your Title	Name	e of present or last Employer
			Number you supervised:		
To: Mo.	Yr.		Your Duties	Addre	
Salary per : Hrs. / Day	Days/Wk.	Mos./ Yr.			State/Zip visor's Name & Title:
IIIs. / Day	Days/WK.	W108./ 11.		Super	VISOI S INAME & THE.
	r day/week:	•	Reason for Leaving:	Telej	ohone: ()
May we	contact your p	resent emplo	yer for a reference?	() Yes () No Co	mments:
	ECNES: LIST 'NAME	THREE RE	FERENCES OTHER ' ADDRESS	THAN RELATIVES	TELEPHONE
	IANIE		ADDRESS		TELETHORE
I hereby au	uthorize all precious e	employers whether	er or not listed on this application	on from to release informatio	n regarding all aspects of my
employmenthat if employmenthat it employers it employers if employers it empl	nt to representatives loyed, I will be requi	of Grandma's Ho red to submit fing . I hereby certify	use and to freely and openly dis- gerprints, TB clearance, and loy that all statements made in this	scuss my employment with su alty oath. I understand that a	ch representatives. It is understood post-offer physical examination may blete. Any misstatement or omission of
Original	Original Signature of Applicant Required: Date:				
Original Signature of Applicant Required Date					

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TO BE COMPLETED BY APPLICANT = NOT FOR INTERVIEW PUPROSES = TO BE FILED SEPARATELY FROM APPLICATION

Name:		
Last	First	Middle
Job Applying for:		
Flyer #		
The two questions below are opequal employment opportunity retains ethnicity and gender info	egulations are met. The Hum	
Please check one of the follo	owing race/ethnic groups:	
() Hispanic () Black/African A	merican () White () Americ	can Indian/Alaskan Native
() Asian/Pacific Islander () Oth	ner (explain):	
Please check one:		
() Male () Female		