

Name

Employment Application

Position applying for:

EMPLOYEE INFORMATION

Name:								
Last	First	Middle Alternate telephone:						
Telephone:	Email:							
Address:								
	perform the essential functions of h or without accommodations?	If necessary for the job, I am able to: Work overtime? Yes Provide a valid California Driver's License? Yes If so, fill out the following: Issuing state:						
If necessary for	the job are you older than:	Type: Certification(s): CPR AED						
I am legally elig	ible for employment in the U.S.?	First Aid 12 Units of Child Development						
I am seeking a	permanent position: 🗌 Yes 🗌 No	Work the following shifts: (check all that apply)						
	to report to work fter being notified I am hired.	Any Day Night Swing Rotating Split Weekends Other:						
EMPLOYMENT HISTORY								

List most recent employment first. Include summer or temporary jobs. Be sure all your experience or employers related to this job are listed here, in the summary following this section or on an extra sheet of paper if necessary. No more than 10 years history recommended.

Employer name and address:	Position title/duties, skills:		Start date:	End date:
	-		Reason for I	eaving:
	-			J
Pay: \$				
Per:	Supervisor:	Telephone:		«
Employer name and address:	Position title/duties, skills:		Start date:	End date:
	-		Reason for I	eaving:
]			
Pay: \$		Telephone:	2	
Per:	Supervisor:			
Employer name and address:	Position title/duties, skills:		Start date:	End date:
			Reason for I	eaving:
Pay: \$		Telephone:	_	
Per:	Supervisor:		2	
Employer name and address:	Position title/duties, skills:		Start date:	End date:
			Reason for I	eaving:
	4			
Pay: \$			-	
Per:	Supervisor:	Telephone:		

EDUCATION								
	Institution name	Years completed	Field	of study	Graduate or degree			
High school								
College/university Business/technical								
Additional								
MILITARY								
Are you a veteran? Duty/specialized training	∏ Yes ng:	No						
		SKILLS & QI	JALIFICATIO	NS				
Other qualifications such as special skills, abilities or honors that should be considered:								
Types of childcare skill	s and equipment you are	e qualified for:						
Professional licenses	artifications or registrati	0001						
Professional licenses, C	certifications or registrati	0115.						
Additional skills, including supervision skills, other languages or information regarding the career/occupation you wish to bring to the employer's attention:								
		REFE	RENCES					
List two personal refer	ences who are not relativ	ves or former	supervisors.					
Name	Address		Telephone	Occupation	Years known			
Name	Address	-	Telephone	Occupation	Years known			
		CO	NTACT					
In case of accident or	In case of accident or illness, please contact: Name: Daytime phone:							
Address:				Rela	ationship:			
	INFO	ORMATION	TO THE APPL	ICANT				
As part of our procedure for processing your employment application, your personal and employment references may be checked. If you have misrepresented or omitted any facts on this application, and are subsequently hired, you may be discharged from your job. You may make a written request for information derived from the checking of your references. If necessary for employment, you may be required to: supply your birth certificate or other proof of authorization to work in the United States, have a physical examination and/or a drug test, or to sign a conflict of interest agreement and abide by its terms. I understand and agree to the information shown above.								

Signature of Applicant

Date

Equal Employment Opportunity: While many employers are required by federal law to have an Affirmative Action Program, all employers are required to provide equal employment opportunity and may ask your national origin, race and sex for planning and reporting purposes only. This information is optional and failure to provide it will have no affect on your application for employment.