



## Application for Employment

### 1. Personal

Name (Last	First	Middle)	Telephone (    )
Address			Are you 18 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No   If no, state age _____
Social Security Number		Date of last Physical Exam	Date of last TB test
Have you ever been employed under a different name? <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, please list all names used.			E-Mail Address:
Do you possess a valid California Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No		Has your Driver's License ever been suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No	
CDL Number		If yes please explain on back of form.	
Nearest living relative – Name		Telephone Number	Relationship

### 2. Position

Position applying for	Date you can start	Wages desired	Hours preferred
Are you currently employed?	Any job related limitations? Please explain.		
What special skills do you have to work with children?			

### 3. Previous Employment (list most recent experience first. If additional space is needed attach a separate sheet.)

Name and address of Employer	Telephone	Position	Wages Paid	Reason for Leaving	From	To

### 4. Education

High School (circle year completed)    9   10   11   12	Diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No	GED? <input type="checkbox"/> Yes <input type="checkbox"/> No	
College Attended	Number of Units Completed?	Date Completed?	Degree?

ECE Units (Please list Early Childhood Education Units you have completed)



Application for Employment (Continued)

4. Education (Continued)

Please circle any of the following that you have attained.

Assistant Child Care Certificate	Teacher Child Care Certificate	Director Child Care Certificate
Passed C-Best	Credential	Other

List any Professional Associations of which you are a member.

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5. Personal References (list 3 non-relatives who can give information about your background, character, abilities etc.)

Name	Telephone Number	Relationship	Years Known

6. Questions

Are you legally eligible to work in this County? Yes No

Have you ever been convicted of an offense other than a minor traffic violation, other than the crime of possession of less than an ounce of marijuana for personal use more than two years ago? Yes No

If yes, give date, place, offense, and outcome: \_\_\_\_\_

How would you handle a child if they hurt another child?

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What would you do if parent approached you with a concern?

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Please feel free to attach resume, past employment references, CPR or other pertinent certificates.

I hereby certify under penalty of perjury that the above statements are true and correct. I give my permission for any necessary verification.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date