



**APPLICATION FOR EMPLOYMENT**

**PERSONAL INFORMATION**

Name: \_\_\_\_\_ S.S. #: \_\_\_\_\_

Permanent address: \_\_\_\_\_

Phone number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**EMPLOYMENT INTERESTS**

Position desired: \_\_\_\_\_

How many hours do you want to work?  Full-time?  Part-time?

How long do you want a job?  Permanent?  Substitute?

When can you start working? \_\_\_\_\_

How much do you want to be paid (optional)? \_\_\_\_\_

Are you employed now?  Yes  No

Employer: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

May we ask for a reference from your present and past employers?  Yes  No

If not, explain: \_\_\_\_\_

**EDUCATION**

High School Name/Location: \_\_\_\_\_ Graduate?  Yes  No

Have you graduated from college? Degrees? AA \_\_\_ BA \_\_\_ MA \_\_\_

College name(s)/Location): \_\_\_\_\_

College Major: \_\_\_\_\_

If you are currently in high school, what is your grade level? \_\_\_\_\_

If you are under 18, are you eligible for a work permit?  Yes  No

Early Childhood classes completed (If you do not have a college degree in ECE)

Course Name	College Name	Number of Units Specify if quarter or semester units

(OVER)



**FORMER EMPLOYERS (List most recent first)**

1. Dates of employment:

From: \_\_\_\_\_ To: \_\_\_\_\_

Name of employer: \_\_\_\_\_

Position held: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

2. Dates of employment:

From: \_\_\_\_\_ To: \_\_\_\_\_

Name of employer: \_\_\_\_\_

Position held: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**PERSONAL REFERENCE**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

How does this person know you? \_\_\_\_\_

Do you have an active fingerprint clearance in the Community Care Licensing system? If yes, what center are the fingerprints connected to?

\_\_\_\_\_

Can you, after employment, submit verification of your legal right to work in the United States? Yes No

Have you ever been convicted of a crime other than a minor traffic violation?

Yes No If yes, explain: \_\_\_\_\_

I affirm that all the above information is true and complete, and I authorize investigation of all statements contained in this application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_