



## APPLICATION FOR EMPLOYMENT

Date \_\_\_\_\_ Position applied for \_\_\_\_\_

Social Security Number (optional) \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
(Optional) City State Zip Code

Telephone Number: Home: \_\_\_\_\_ Work (Optional): \_\_\_\_\_

If employed in the position for which you have applied, would you be in a supervisory or subordinate relationship to any relative or member of your household?

Yes  No  N/A In the same department?  Yes  No  N/A

If under 18 years of age, can you submit a work permit?  Yes  No  N/A

Have you previously worked for this agency? If so, from _____ to _____ Reason for leaving: _____ Former supervisor(s) at this agency: _____
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On what date will you be available to work? \_\_\_\_\_

What are your minimum salary requirements? \_\_\_\_\_

Are you a U.S. citizen? _____ Can you after employment submit verification of the legal right to work in the United States if an employment offer is made? _____ Have you ever been convicted of a crime?* <input type="checkbox"/> Yes <input type="checkbox"/> No  If "Yes", please explain: ( <b>Note:</b> conviction is not an automatic bar to employment. Each case will be considered on its own merits and only to the extent permitted and applicable by law.) If yes, please fill out the attached Criminal Record Statement Form.
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List membership in a job-related organization which you feel would enhance your application, excluding any whose names would indicate the race, religious creed, color, national origin, or ancestry of it's members: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EDUCATION**

Name of High School	Location	Dates Attended	Did You Graduate	Date Graduated
Name of College	Location	Dates Attended	Major	# units/Degree Earned

Do you have a current Children’s Center Permit?  Yes  No

Describe: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

How many units do you have in early childhood education? \_\_\_\_\_

**MILITARY EXPERIENCE:**

Branch of Service: \_\_\_\_\_ Dates Served \_\_\_\_\_  
 Rank at Discharge: \_\_\_\_\_  
 Education and Training: \_\_\_\_\_

**LANGUAGES**

Spoken language:  English  Spanish  Other: \_\_\_\_\_

Written:  English  Spanish  Other: \_\_\_\_\_

Fluency: \_\_\_\_\_

**SKILLS**

Typing Speed (wpm): \_\_\_\_\_ List Others: \_\_\_\_\_

Computer Hardware operated: \_\_\_\_\_

Computer Software operated: \_\_\_\_\_

**EMPLOYMENT HISTORY** (Please begin with most recent)

1.

Employer \_\_\_\_\_ Telephone# \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ZipCode \_\_\_\_\_

Dates \_\_\_\_\_ Position \_\_\_\_\_ Supervisor \_\_\_\_\_

Responsibilities \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

May we contact your employer?  Yes  No

2.

Employer \_\_\_\_\_ Telephone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip code \_\_\_\_\_

Dates \_\_\_\_\_ Position \_\_\_\_\_ Supervisor \_\_\_\_\_

Responsibilities \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

May we contact your employer?  Yes  No

3.

Employer \_\_\_\_\_ Telephone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ZipCode \_\_\_\_\_

Dates \_\_\_\_\_ Position \_\_\_\_\_ Supervisor \_\_\_\_\_

Responsibilities \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

May we contact your employer?  Yes  No

Please list any professional, special licenses, credentials, or course work applicable for this position:

Professional License #:	Type of Licenses:	Expiration Date:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Give the names, addresses, occupation, and telephone numbers of three references who are not related to you and who are not previous employers:

Name \_\_\_\_\_ Telephone# \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name \_\_\_\_\_ Telephone# \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name \_\_\_\_\_ Telephone# \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

How did you learn of this job opening?

- Walk-in
- Employee Referral
- Newspaper Ad
- College Career Center
- Internet Ad
- Job Fair

Name of employee: \_\_\_\_\_  
Name of Newspaper: \_\_\_\_\_  
Name of College: \_\_\_\_\_  
Name of Website: \_\_\_\_\_  
Name of Job Faire: \_\_\_\_\_

**I certify that all statements on this application form and attachments are true and complete to the best of my knowledge. I understand that false, misleading, or incomplete information shall be sufficient cause for disqualification or dismissal.**

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

\_\_\_\_\_  
Date

**Office use only**

**Date Recieved** \_\_\_\_\_

**Other Comments** \_\_\_\_\_

**Position** \_\_\_\_\_

**Submitted to for review** \_\_\_\_\_

**Program** \_\_\_\_\_



The Children's Collective may make a thorough investigation of your entire work and personal history and may verify all data given in your application for employment, related papers or oral interviews. If your application is seriously considered, by signing this form you are authorizing the investigation and giving and receiving of any information requested by The Children's Collective, Inc. releases us of any liability of any person(s) giving or receiving of information. I understand that falsification of data so given or other derogatory information discovered as a result of any investigation may prevent my being hire, or if hired may subject me to immediate termination from employment.

Any material misrepresentation or deliberate omission of a fact in my application may be justification for refusal of employment, or if I have been employed, I may be terminated from employment.

I certify that I have read and understand the Job Description and Application Form for this position and that all statements that I have made are true and complete to the best of my knowledge.

X \_\_\_\_\_ *Date:* \_\_\_\_\_  
*Signature of Applicant*

X \_\_\_\_\_  
*Printed Name*