



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: _____

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? * Yes No
If "Yes", please explain: (**Note:** 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.

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

If applying for a Child Development Center position do you have a current Child Dev Permit?
 Yes No

Describe: _____ Expiration Date: _____

How many units do you have in early childhood education? _____

MILITARY EXPERIENCE:

Branch of Service: _____ Dates Serviced _____
 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 _____ Current Salary _____
Responsibilities _____

Reason for leaving _____
May we contact your employer? Yes No

2. Employer _____ Telephone # _____
Address _____ City _____ Zip code _____
Dates _____ - _____ Position _____
Supervisor _____ Current Salary _____
Responsibilities _____

Reason for leaving _____
May we contact your employer? Yes No

3. Employer _____ Telephone # _____
Address _____ City _____ ZipCode _____
Dates _____ - _____ Position _____
Supervisor _____ Current Salary _____
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