

**FOUNDATION FOR EARLY CHILDHOOD EDUCATION**

3360 Flair Drive, Suite 100

El Monte, CA 91731 (626) 572-5107 FAX (626) 572-7663

**EMPLOYMENT APPLICATION**

PRINT NAME \_\_\_\_\_  
Last First Middle

ADDRESS \_\_\_\_\_  
Street City State Zip Code

TELEPHONE NO. ( ) \_\_\_\_\_ Cell/Message NO. ( ) \_\_\_\_\_

POSITION APPLIED FOR \_\_\_\_\_  
1<sup>ST</sup> Choice 2<sup>nd</sup> Choice

DO HAVE YOU ANY PHYSICAL CONDITIONS THAT MAY LIMIT YOUR ABILITY TO PERFORM THE JOB? Yes ( ) No ( )

MAY WE MAKE INQUIRIES OF YOUR PREVIOUS EMPLOYER? Yes ( ) No ( )

Please Sign here indicating the release of previous employment information to be released to our Personnel Dept. \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF ANY CRIME (*Misdemeanor or Felony*): Yes ( ) No ( ),  
IF YES, WHEN? WHERE? AND DISPOSITION OF CASE

**EMPLOYMENT RECORD**

*\*Please do not state "See Resume" on this section.*

EMPLOYED FROM/TO	LIST LAST EMPLOYMENT ON FIRST LINE BELOW PRINT COMPANY'S NAME, ADDRESS & TELEPHONE	YOUR POSITION	YOUR SALARY	REASON FOR LEAVING

LIST ANY SKILLS, APTITUDES, AND MACHINES THAT ARE REVELANT TO THE POSITION APPLIED FOR.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**This application is only valid for 90 days.**

**EDUCATION**

NAME OF SCHOOL	DATES ATTENDED	MAJOR/ SUBJECT	DEGREE OR UNITS
HIGH SCHOOL			
COLLEGE OR UNIVERSITY			
TECHNICAL/TRADE BUSINESS			

**NOTE: Evidence of Education is required before interview: please include with application**

FOREIGN LANGUAGE: \_\_\_\_\_ SPEAK \_\_\_\_\_ WRITE \_\_\_\_\_ READ \_\_\_\_\_

CHILDREN'S CENTER PERMIT, EARLY CHILDHOOD OR ELEMENTARY CREDENTIALS:  
NUMBER \_\_\_\_\_ EXPIRES \_\_\_\_\_

CHILD ABUSE INDEX CLEARANCE NUMBER \_\_\_\_\_

REFERENCES: (Please list three references, include past employment references (at least 2). Use full names of persons who have known you for 5 years of more. Do not list relatives)

Current Supervisor Name	Address	Telephone No.

Other References:

\_\_\_\_\_

\_\_\_\_\_

PROFESSIONAL ORGANIZATIONS: \_\_\_\_\_

\_\_\_\_\_

How did you find out about this position? \_\_\_\_\_

I affirm that all information given by me in this application is true to the best of my knowledge and I am aware that any deliberately false statement may result in my disqualification for consideration for employment, or discharged by the Agency.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

(FOR OFFICE USE ONLY)

REFERENCES CHECKED	CONTACT PERSON	DATE