



Foundation for Early Childhood Education, Inc.
 A NON-PROFIT ORGANIZATION
HEAD START / STATE PRE-SCHOOL PROJECT
CHILD DEVELOPMENT CENTERS
Excellence in Early Childhood Education and Human Services

EMPLOYMENT APPLICATION

PRINT NAME _____

Last First Middle

ADDRESS _____

Street City State Zip Code

TELEPHONE NO. _____ CELL NO. _____

MESSAGE NO. _____ EMAIL (OPTIONAL) _____

POSITION APPLIED FOR _____

CAN YOU PERFORM THE DUTIES OF THE JOB WITH OR WITHOUT REASONABLE ACCOMMODATION? Yes () No ()

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

Please sign here indicating the release of previous employment information to our Human Resources Department _____

EMPLOYMENT HISTORY

• Please do not state "See Resume" on this section

EMPLOYED FROM/TO	PRINT COMPANY'S NAME, ADDRESS & TELEPHONE <i>LIST LAST EMPLOYMENT ON FIRST LINE BELOW</i>	TITLE	REASON FOR LEAVING

LIST ANY SKILLS THAT ARE REVELANT TO THE POSTION:

EDUCATION

Name of School	Major/Subject	Highest Degree or Units
High School:		
Trade School:		
College or University:		

NOTE: EVIDENCE OF EDUCATION IS REQUIRED, INCLUDE WITH APPLICATION.



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LANGUAGE

FOREIGN LANGUAGE: _____ SPEAK _____ WRITE _____ READ _____

PERMIT

COMMISSION ON TEACHER CREDENTIALING PERMIT

TYPE OF CHILD DEVELOPMENT PERMIT: _____

DOCUMENT NUMBER: _____ EXPIRATION DATE: _____

REFERENCES

REFERENCES: (Please include two or more current/past employment references)

- Use full names and current telephone number

Current Supervisor Name	Address	Telephone No.
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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 is aware that any deliberately false statement may result in my disqualification for consideration for employment, or discharged by the Foundation for Early Childhood Education, Inc.

SIGNATURE

DATE

EQUAL OPPORTUNITY EMPLOYER

This application is only valid for 180 days.