



# Foundation for Early Childhood Education, Inc.

A NON-PROFIT ORGANIZATION

EARLY HEAD START / HEAD START & STATE PRE-SCHOOL PROGRAM

*Excellence in Early Childhood Education and Human Services*

3450 East Sierra Madre \* Pasadena, CA 91107 \* Tel: (626) 572-5107



## Employment Application (An Equal Opportunity Employer)

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

### Address

\_\_\_\_\_  
No. & Street City State Zip Code

\_\_\_\_\_  
Cell Phone Home Phone Email Address

### Employment Desired

Position applying for: \_\_\_\_\_

Why are you interested in joining our Foundation for Early Childhood Education, Inc. Team?

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

If hired, would you have a reliable means of transportation to and from work?  Yes  No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? .....  Yes  No

If no, describe the functions that cannot be performed.

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

### Education, Training, and Experience

Do you have a High School Diploma or GED equivalency?  Yes  No

College/University: \_\_\_\_\_ Degree: \_\_\_\_\_

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

\*Applications are kept on file for 6 months

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Education, Training, and Experience, continued

Did you complete the degree?  Yes  No

*If you are currently enrolled in a program, please indicate the degree program and units completed up-to-date.*

Degree Program: \_\_\_\_\_

Unit Amounts: \_\_\_\_\_

Projected Graduation Date: \_\_\_\_\_

Do you have any other experience, training, qualifications, or skills that you feel make you especially suited for work Foundation for Early Childhood Education, Inc.?

If so, please explain:

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

Answer the following questions if you are applying for a professional position:

Teaching Positions:

Do you hold, or qualify for the Child Development Permit required for the position you are applying for?

Yes  No

*If so, please provide us the following information:*

Child Development Number & Level: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

If applicable, CPR & First Aid Certification: Are you CPR certified?  Yes  No

CPR & First Aid: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Non-Teaching Positions:

Name of license/certification and Number: \_\_\_\_\_

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

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### Employment History

List below all present and past employment starting with your most recent employer (last five years is sufficient). You must complete this section even if attaching a resume.

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<b>Name of Employer</b>	<b>Phone Number</b>		
<b>Type of Business</b>	<b>Your Supervisor's Name</b>		
<b>Address &amp; Street</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Dates of Employment:</b>			
<b>From</b>	<b>To</b>		

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**Your Position and Duties**

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**Reason for Leaving**

Current employer?  YES  NO May we contact this employer for a reference?  YES  NO

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<b>Name of Employer</b>	<b>Phone Number</b>		
<b>Type of Business</b>	<b>Your Supervisor's Name</b>		
<b>Address &amp; Street</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
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<b>Dates of Employment:</b>			
<b>From</b>	<b>To</b>		

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Employment History, continued

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Your Position and Duties

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Reason for Leaving

Current employer?  YES  NO May we contact this employer for a reference?  YES  NO

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Name of Employer

Phone Number

Type of Business

Your Supervisor's Name

Address & Street

City

State

Zip Code

Dates of Employment:

From

To

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Your Position and Duties

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Reason for Leaving

Current employer?  YES  NO May we contact this employer for a reference?  YES  NO

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**Where did you see the job posting?**

*Please indicate the recruiting source by check marking the box that applies to you.*

Agency/Foundation Website  CHSA  Ed Join  Handshake  Head Start (ECLKC)

Indeed  Instagram Page  Other: Please specify: \_\_\_\_\_

If a Foundation employee referred, you please list their name: \_\_\_\_\_

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**References (Professional)**

List below two or three individuals not related to you who have knowledge of your work performance within the last three years and indicate one personal reference.

_____	_____	_____
First Name	Last Name	Phone Number
_____	_____	_____
Address & Street	City	State
_____	_____	_____
Occupation	No. of Years Acquainted	

_____	_____	_____
First Name	Last Name	Phone Number
_____	_____	_____
Address & Street	City	State
_____	_____	_____
Occupation	No. of Years Acquainted	

_____	_____	_____
First Name	Last Name	Phone Number
_____	_____	_____
Address & Street	City	State
_____	_____	_____
Occupation	No. of Years Acquainted	

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Please Read Carefully, Initial Each Paragraph and Sign Below

\_\_\_\_\_  
Initials

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_  
Initials

I hereby authorize Foundation for Early Childhood Education, Inc. to thoroughly investigate my references, work record, education and other matters related to my suitability for employment (excluding criminal background information) unless otherwise specified above. I further authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_  
Initials

I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the Company's designated representative.

\_\_\_\_\_  
Initials

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

**The Company will consider qualified applicants, including those with criminal histories, in a manner consistent with state and local "Fair Chance" laws.**

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

Applicant's Signature: \_\_\_\_\_

*\*\*Please complete the Reference Check/Verification of Employment Authorization Document attached to this application packet\*\**



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## Reference Check/Verification of Employment Authorization

I understand that the policy of Foundation for Early Childhood Education, Inc. is to request a reference check/verification of employment from my current and/or previous employer:

I hereby authorize Foundation for Early Childhood Education, Inc. (HR Department) to contact my current and/or previous employer(s).

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

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

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