



Central California Child Development Services, Inc.

2250 Rockefeller Dr., Ste. 1, P.O. Box 2540, Ceres, CA 95307 (209) 581-9000

Application for Employment

Position Applied For _____ Date of Application _____

Type of employment desired Full time Part Time Temporary Seasonal Substitute

Referral Source Advertisement Employee Relative Walk-in
 Government Employment Agency Private Employment Agency
 Other _____

Name _____ S.S.N _____
Last First Middle

All names used in the past _____
Last First Middle

Address _____
Street City State Zip Code

Home phone number _____ If applicable, cellular number _____

May we contact you at work? Yes No If yes, provide work number _____

Best time to call you _____ am
Time pm

Have you filed an application here before? Yes No

If yes, give date

Have you ever been employed here before?..... Yes No

If yes, give dates From _____ to _____

Do you have any relatives that work for this agency?..... Yes No

If yes, please list names _____

Are you a current or former Head Start Parent..... Yes No

Are you legally eligible for employment in this country?..... Yes No
(Proof of U.S. Citizenship or immigration status will be required upon employment)

Date available for work..... _____

Are you lay-off and subject to recall?..... Yes No

Will you relocate if job requires it?..... Yes No

Are you able to perform the duties of the position for which you are applying, including regular attendance..... Yes No

Driver's license number (if required by job)..... _____

AN EQUAL OPPORTUNITY EMPLOYER

Employment History

List your last four (4) employers, assignments or volunteer activities, starting with the most recent, including military experience.

Explain any gaps in employment in comments section below.

Employer	Telephone () -	Dates Employed	From: To:
Address		Summarize the nature of the Work performed and Job Responsibilities	
Job Title			
Immediate Supervisor and Title			
Reason for Leaving			
May we contact for reference? <input type="checkbox"/> YES <input type="checkbox"/> NO			

Employer	Telephone () -	Dates Employed	From: To:
Address		Summarize the nature of the Work performed and Job Responsibilities	
Job Title			
Immediate Supervisor and Title			
Reason for Leaving			
May we contact for reference? <input type="checkbox"/> YES <input type="checkbox"/> NO			

Employer	Telephone () -	Dates Employed	From: To:
Address		Summarize the nature of the Work performed and Job Responsibilities	
Job Title			
Immediate Supervisor and Title			
Reason for Leaving			
May we contact for reference? <input type="checkbox"/> YES <input type="checkbox"/> NO			

Employer	Telephone () -	Dates Employed	From: To:
Address		Summarize the nature of the Work performed and Job Responsibilities	
Job Title			
Immediate Supervisor and Title			
Reason for Leaving			
May we contact for reference <input type="checkbox"/> YES <input type="checkbox"/> NO			

Comments (including explanation of any gaps in employment)

Skills and Qualifications Summarize special skills and qualifications acquired from employment or other experiences that may qualify you to work with our company.

Educational Background

A. List last three (3) schools attended, *starting with last one*. **B.** List number of years completed. **C.** Indicate degree or diploma earned, **D.** Grade Point Average or Class Rank and **E.** major and minor field of study (if applicable).

A. School	B. No Years Completed	C. Degree Diploma	D. GPA Class Rank	E. Major	E. Minor

List any other than the English language(s) and check the box that best describes your skill level.

Language	Read and write	Read and Speak	Read Only	Speak Only

References

List name and telephone number of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are not related to you.

Name	Telephone	Years Known
	() -	
	() -	
	() -	

List professional, trade, business, or civic associations and any offices held.

Organization	Offices Held

List special accomplishments, publications, awards.

List any additional information you would like us to consider.

It is understood and agreed upon that any misrepresentation will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed. Furthermore, I understand that just as I am free to resign at any time, the Employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the Employer has the authority to make any assurances to the contrary.

I give the Employer the right to investigate all references and to secure additional information about me, if job related, I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information. The organization will conduct pre-employment investigation for all employees to determine or verify background information, including criminal history.

Must be at least 18 years of age. A pre-employment Health Screening clearance, DOJ, FBI, & CACI clearance, tuberculosis clearance will be required prior to employment. Must comply with Senate Bill 792 immunization requirements for influenza, pertussis, and measles.

The Employer is an Equal Opportunity Employer. The Employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the Employer and still wish to be considered for employment, it will be necessary to fill out a new application.

Signature of Applicant _____ Date ____/____/____