

Family Matters Child Care Center, Inc.

Application for Employment

Date: _____

Name: _____
Last First Middle Maiden

Address: _____ City: _____ State: _____ Zip: _____

Telephone Number: _____ Evening: _____ Cellular: _____

Position(s) Applying For: _____

Social Security Number _____ California Drivers License _____

Date Of Last Physical Examination _____ Date Of Last TB Test _____

Full-time _____ Part-time _____ Salary Desired: _____ Date Available for Employment: _____

Have you ever been employed under a different name? _____ Yes _____ No

Are you 18 years of age or older? _____ Yes _____ No

Have you filed an application here before? _____ Yes _____ No If Yes, When? _____

Are you on a lay-off and subject to recall? _____ Yes _____ No

Have you ever been convicted of a crime? _____ Yes _____ No

Have you ever been finger printed before? _____ Yes _____ No If Yes, What for? _____

Have you ever been convicted of a misdemeanor? _____ Yes _____ No If Yes, Describe Below

Describe:

Do you have the legal right to work in the United States? (Employment is contingent upon satisfactory proof of ability to work in the United States.) _____ Yes _____ No

REFERENCE

List three other references who can identify your character, skills and abilities. Listing past supervisors is helpful, do not list relatives.

1. Name: _____ Position: _____

Address: _____ Telephone: _____

2. Name: _____ Position: _____

Address: _____ Telephone: _____

3. Name: _____ Position: _____

Address: _____ Telephone: _____

EMPLOYMENT EXPERIENCE

(Please complete, even if attaching your resume)

Starting with your present or last job, list your past three employers.

Employer:	From:	To:	Responsibilities:
Address:			
Job Title:	Rate:		
Supervisor:			
Reason for Leaving:			Phone:
<hr/>			
Employer:	From:	To:	Responsibilities:
Address:			
Job Title:	Rate:		
Supervisor:			
Reason for Leaving:			Phone:
<hr/>			
Employer:	From:	To:	Responsibilities:
Address:			
Job Title:	Rate:		
Supervisor:			
Reason for Leaving:			Phone:

EDUCATION

	High School	College/University	Graduate/Professional
School Name City/State			
Years Completed: (circle)	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree:			
Course of Study			
Please describe any specialized training, skills, and extra-curricular activities:			

Please attach transcripts resume, copy of credential and relevant certifications.

I authorize investigation of all statements contained in this application. I understand that falsification; misrepresenting or omission of facts called for will result in immediate dismissal or removal of my application from consideration. I authorize FMCCC to secure information about my experience with former employers, individuals and education for those parties to provide information concerning my experience, releasing all parties from any liability arising there from.

Applicant's Signature: _____ Date: _____