



Employment Application

Palo Alto Community Child Care * 3990 Ventura Court * Palo Alto, CA 94306 * (650) 493-2361 * fax (650) 493-0936

Prospective employees will receive consideration without discrimination because of race, creed, color, gender, age, national origin, handicap or veteran status.

PERSONAL

Date _____

Last Name		First	Middle	Home Telephone
Street Address		Mailing Address (if different)		Work Telephone
City		State	ZIP	Cell Phone
Where did you learn of Palo Alto Community Child Care or this position opening?		Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state month and year:		Email Address
Are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours / days can you work? _____		Are you interested in substitute work? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what hours / days can you work? _____		Social Security #
If you are hired, can you submit verification of your legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you ever had a criminal conviction? <input type="checkbox"/> Yes <input type="checkbox"/> No (All employees are fingerprinted according to Dept. of Social Services requirements.)		When are you available to begin work?
POSITION DESIRED				PAY EXPECTED

EDUCATION

School	Name and Location of School	Major	# Years Completed	Did You Graduate?	Degree/ Diploma
GRADUATE SCHOOL				<input type="checkbox"/> Yes <input type="checkbox"/> No	
COLLEGE				<input type="checkbox"/> Yes <input type="checkbox"/> No	
BUSINESS/ TRADE/ TECHNICAL				<input type="checkbox"/> Yes <input type="checkbox"/> No	
HIGH SCHOOL				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Membership in Professional or Civic Organizations
(exclude those which may disclose your race, color, religion or national origin)

REFERENCES

Name	Phone Number	
Address	City	ZIP

Name	Phone Number	
Address	City	ZIP

Name	Phone Number	
Address	City	ZIP

This application for employment shall be considered active for a period of time not to exceed 60 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applicants are being accepted at that time.

APPLICANT'S STATEMENT

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 the company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, 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 is of an "at-will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at-will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by the Executive Director of Palo Alto Community Child Care.

Signature of Applicant

Date