

Associated Students Inc.

Children's School

1801 E. Cotati Ave.

Rohnert Park, CA 94928

Office Use
Interview Date:
Date of Hire:
Starting Pay Rate:

General Application for Employment

DATE:		
First Name	Last Name	Middle Initial
Local Telephone	Permanent Telephone	SSN
Local Mailing Address	City	Zip
Position for which you are applying:		
Interested in working...(check all that apply)		
<input type="checkbox"/> in the classroom	<input type="checkbox"/> in the office	<input type="checkbox"/> in the kitchen

Do you have a work/study grant?
<input type="checkbox"/> yes <input type="checkbox"/> no
If yes, what amount?
Fall Spring

Completed Coursework in Early Childhood Education

1. Course Title	Units Completed	Grade
2. Course Title	Units Completed	Grade
3. Course Title	Units Completed	Grade
4. Course Title	Units Completed	Grade

Education

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED College 1 2 3 4 5 6 7 8		
Current Major		
Institutions of higher education, trade, vocational or professional schools attended		
School	Major/Concentration	Degree/Certificate and date earned

Availability

	7:30-8:00	8:00-9:00	9:00-10:00	10:00-11:00	11:00-12:00	12:00-1:00	1:00-2:00	2:00-3:00	3:00-4:00	4:00-5:00	5:00-5:30
Monday											
Tuesday											
Wednesday											
Thursday										Mandatory Staff Meeting	
Friday											

Please place an "X" in the spaces when you are available to work. The Thursday Meeting is mandatory

Employment History

Describe your work experience in Early childhood Educational settings. List any volunteer services that relate to the position to which you are applying. You may attach a resume or any other documents which further detail your knowledge, experience and ability.

May we contact your past or present employers? yes no

1. From: _____ to: _____ Employer's name, address and phone number: _____

Hours/week: _____ Reason for leaving: _____

Job/Title of Occupation: _____ Description of duties: _____

2. From: _____ to: _____ Employer's name, address and phone number: _____

Hours/week: _____ Reason for leaving: _____

Job/Title of Occupation: _____ Description of duties: _____

3. From: _____ to: _____ Employer's name, address and phone number: _____

Hours/week: _____ Reason for leaving: _____

Job/Title of Occupation: _____ Description of duties: _____

I certify that all statements on this application and any materials which I submit in support of my application are true and compete to the best of my knowledge and belief and acknowledge that any misstatement of material fact may subject me to disqualification or dismissal. I hereby grant permission to check any reference deemed necessary and authorize my prior employers, educational or training institution attended, or references whom I name during the application process to release information which may be material to my qualification for employment.

I understand that, if selected for a position at the Children's School, I will be required to complete fingerprint clearances, TB clearance and other documents and will, if appropriate, submit verification of my legal right to work in the United States; that I may also be required to successfully complete a pre-employment physical examination to verify my ability to perform the duties of the position; and that, if I am eligible for benefits, my participation in these benefits will require that I sign enrollment forms within specific deadlines and I will be unable to receive coverage under these benefits until I have signed said forms.

Signature: _____ Student ID#: _____ Date: _____

Comments/Notes: (Office Use)