



945 California Drive  
Burlingame, California 94010  
tel 650.340.1289  
fax 650.340.1315

# Employment Application

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

## Personal Data

Name (last, first, middle) \_\_\_\_\_

Social Security Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Message phone \_\_\_\_\_

Position Desired \_\_\_\_\_ Requested Salary \_\_\_\_\_

**Upon request can you provide proof that you are authorized to work in the United States?**

YES NO

**Are you over 18 years of age?**

YES NO

**Have you ever worked for us?**

YES NO If so, when?

**How were you referred to us?**

- Employee
- Ad(publication)
- Other

**List any friend or relatives working at Palcare.**

**Specify hours or days you cannot work.**

**Are you willing to work overtime if requested**

YES NO

**Please Carefully read the following statement before signing.**

I hereby certify that all information contained in this application is true and correct to the best of my knowledge. I understand that any error or omission of information may result in denial of employment or termination at anytime. I authorize all my current and former employers and their employees, past or present, to provide Palcare any and all information they may have, personal or otherwise. I also authorize that all my former schools may provide Palcare any or all information concerning my education. I also authorize all the references and former employers that I have listed to provide any information concerning my background to Palcare that they consider relevant to my consideration for employment. I further release all the above-listed parties and their employees from all liability based on furnishing any information, whether I agree with the form or content of the information. I understand that the issuance of this application does not indicate that there are any positions open.

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

We comply with the requirements of the Americans with Disabilities Act. If you feel that you require a reasonable accommodation at any step of the interview/application process please notify us within a reasonable time. We may request that you support your request with medical documentation.

It is our policy and intent to provide equal opportunity to all persons without regard to race, color, religion, sex, pregnancy, marital status, sexual orientation, age, national origin disability, or medical condition as defined in state and federal laws. This policy covers all facets of employment including, but not limited to: recruitment, selection, placement, promotions, transfers, demotions, terminations, training, compensation and all aspects of employment.

**Please provide a complete explanation of the circumstances and reasons for your leaving your last three jobs.**

1. \_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_

## **Education Record**

### **High School or G.E.D.?**

YES            NO            Address

### **College or University?**

YES            NO            Address

### **Degrees or diplomas**

**Major:**

**Other:**

**How many units of ECE or Child Development does this include?** \_\_\_\_\_

### **Do you have the following:**

Infant/Toddler Development	YES	NO
Child Development	YES	NO
Curriculum	YES	NO
Child/ Family/Community	YES	NO

## Employment History

(Start with your most recent position, use additional sheets if necessary. Do not omit employers.)

### Employer 1

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

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Date Started: \_\_\_\_\_ Starting position: \_\_\_\_\_ Salary: \_\_\_\_\_ hr/mo: \_\_\_\_\_

Date stopped: \_\_\_\_\_ Salary: \_\_\_\_\_ hr/mo: \_\_\_\_\_

If currently employed may we contact your present employer? YES NO

Job Title: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Breif Description of your Responsibilites: \_\_\_\_\_

### Employer 2

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

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Date Started: \_\_\_\_\_ Starting position: \_\_\_\_\_ Salary: \_\_\_\_\_ hr/mo: \_\_\_\_\_

Date stopped: \_\_\_\_\_ Salary: \_\_\_\_\_ hr/mo: \_\_\_\_\_

If currently employed may we contact your present employer? YES NO

Job Title: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Breif Description of your Responsibilites: \_\_\_\_\_

### Employer 3

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

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Date Started: \_\_\_\_\_ Starting position: \_\_\_\_\_ Salary: \_\_\_\_\_ hr/mo: \_\_\_\_\_

Date stopped: \_\_\_\_\_ Salary: \_\_\_\_\_ hr/mo: \_\_\_\_\_

If currently employed may we contact your present employer? YES NO

Job Title: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Breif Description of your Responsibilites: \_\_\_\_\_

### Other Relavnt Background

Specify any special training relevant to the job applied for \_\_\_\_\_

Specify any special skills relavant to the job applied for. \_\_\_\_\_

# Essential Requirements Of The Position

The essential requirements of the for which job you are applying are on the attached description. Can you perform the listed essential requirements with or without reasonable accommodation ?

YES NO

All positions applied for at Palcare are contingent upon the employee passing a job related physical examination.

## Work References

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Occupation: \_\_\_\_\_

Years Known: \_\_\_\_\_ Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Occupation: \_\_\_\_\_

Years Known: \_\_\_\_\_ Relationship: \_\_\_\_\_

3. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Occupation: \_\_\_\_\_

Years Known: \_\_\_\_\_ Relationship: \_\_\_\_\_

## Other

Military Service

YES NO

Have you been convicted of a felony, or misdemeanor within the last two years which resulted in imprisonment?

YES NO

Describe: \_\_\_\_\_

Have you been convicted of a crime, including misdemeanors, involving violence or dishonesty?

YES NO

Describe: \_\_\_\_\_

Have you stolen property or money from a former employer?

YES NO

Describe: \_\_\_\_\_

Do you carry a weapon? YES NO

If so, do you have a permit to carry the weapon? YES NO