

For Office Use Only. Live Scan ID# \_\_\_\_\_ Date Associated: West: \_\_\_\_\_ East: \_\_\_\_\_ Initials: \_\_\_\_\_

Long Beach Day Nursery  
**West Branch & Administration**  
 1548 Chestnut Ave  
 Long Beach, CA 90813  
 Phone: 562-591-0509  
 Fax: 562-599-8262



Long Beach Day Nursery  
**East Branch**  
 3965 Bellflower Blvd.  
 Long Beach, CA 90808  
 Phone: 562-421-1488  
 Fax: 562-429-0492

## EMPLOYMENT APPLICATION

LONG BEACH DAY NURSERY IS AN EQUAL OPPORTUNITY EMPLOYER  
 BY BOTH POLICY AND PRACTICE AND COMPLIES WITH  
 ALL FEDERAL AND STATE LAWS WHICH FORBID DISCRIMINATION

Application Instructions: Must complete application in entirety even if a resume is submitted.  
 Print all answers clearly. Incomplete or ineligible applications will not be considered.

(CONFIDENTIAL)

NAME (LAST, FIRST, MIDDLE INITIAL)				
STREET ADDRESS				
CITY			STATE	ZIP CODE
HOME PHONE		CELL PHONE		
EMAIL ADDRESS				
Position applying for:				
Date available to begin:				
Type of work desired:	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> SEASONAL <input type="checkbox"/> SUBSTITUTE			
Salary/Wage Expected:	\$ _____ per year		\$ _____ per hour	
<b>Do you hold a current Child Development Permit through the State of California Commission on Teacher Credentialing?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO				
If yes, please list level of permit you hold:				
<b>Do you have infant and toddler units?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO				
# of Infant Toddler Units:				
List Course Titles:				

List hours and days you are available to work:							
	SUN.	MON.	TUE.	WED.	THU.	FRI.	SAT.
FROM							
TO							

## EDUCATION AND TRAINING

**Attach a copy of all Transcripts to this application.**

Highest Level of Education Completed:				
High School Attended:		Diploma/G.E.D Received?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business School, Trade School, College or University Attended:	Major and Minor Area of Study	Years Attended	Degree Received	GPA
Name:		From: _____		
City & State:		To: _____		
Name:		From: _____		
City & State:		To: _____		
Name:		From: _____		
City & State:		To: _____		
<b>Number of Early Childhood Education Units completed:</b>		# of Infant Toddler Units:		
<b>Are you currently CPR and First Aide Certified?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	Expiration Date:		
Please check any technology and software programs you have working knowledge of:				
<input type="checkbox"/> Personal computer/laptop <input type="checkbox"/> iPad <input type="checkbox"/> EZCare <input type="checkbox"/> Quickbooks <input type="checkbox"/> Microsoft Word <input type="checkbox"/> Outlook Email <input type="checkbox"/> DRDP Tech <input type="checkbox"/> Calculator <input type="checkbox"/> Microsoft PowerPoint <input type="checkbox"/> Donorperfect <input type="checkbox"/> Ready Rosie <input type="checkbox"/> Microsoft Excel <input type="checkbox"/> Microsoft Publisher				
Please list all other computer programs/software and/or database programs you are trained in:				
Please list any skills, honors, hobbies, or interests that have a direct bearing on the job you are seeking. Identify languages, other than English, you can speak and understand. You are not required to list any information that might reveal your race, religion, sex, or natural origin.				

## EMPLOYMENT HISTORY

List all jobs, military services, verifiable volunteer work and self-employment in the USA, beginning with present or most recent employment; include any periods of unemployment greater than 1-month in duration.

Employer Information	Dates of Employment Month/Year	Supervisor Information	Reason for Leaving
Co. Name:	# of Hours per Week:	Name:	
Job Title:		Position:	
Street:		Phone #:	
City & State:	Start Date:	Email:	
Phone #:	End Date:	May We Contact? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Co. Name:	# of Hours per Week:	Name:	
Job Title:		Position:	
Street:		Phone #:	
City & State:	Start Date:	Email:	
Phone #:	End Date:	May We Contact? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Co. Name:	# of Hours per Week:	Name:	
Job Title:		Position:	
Street:		Phone #:	
City & State:	Start Date:	Email:	
Phone #:	End Date:	May We Contact? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If hired, can you provide verification of your right to work in the U.S.A?			<input type="checkbox"/> YES <input type="checkbox"/> NO
If hired, can you provide documentation of immunity for flu, tuberculosis, measles, and pertussis?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you under 18 years of age?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If you are under 18 years of age, do you have a work permit?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever worked for Long Beach Day Nursery?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, when? Start Date: _____ End Date: _____	
Do you have any friends or relatives employed by Long Beach Day Nursery?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, please list:	

## REFERENCES

Please list three persons that we can call for character reference. Do not list household members or relatives.

Name	Telephone	E-Mail	Relationship & Years Known

Please list at least three persons that Long Beach Day Nursery may contact as an employment reference.

Name	Telephone	E-Mail	Relationship & Years Known
<b>Name:</b> <b>Company:</b> <b>Title:</b>			
<b>Name:</b> <b>Company:</b> <b>Title:</b>			
<b>Name:</b> <b>Company:</b> <b>Title:</b>			

How did you hear about employment at Long Beach Day Nursery?

- |   |  |
|---|--|
| <input type="checkbox"/> Employment Ad<br>Newspaper _____<br>Radio _____<br>TV _____<br>Internet _____<br>Other publication _____ | <input type="checkbox"/> Job Fair _____<br><input type="checkbox"/> Recruiter contacted me<br><input type="checkbox"/> College _____<br><input type="checkbox"/> Employment agency _____<br><input type="checkbox"/> Employee referral _____<br><input type="checkbox"/> Other _____ |
|---|--|

# APPLICATION VERIFICATION & RELEASE & AT-WILL STATEMENT

PLEASE READ CAREFULLY AND SIGN BELOW:

I hereby certify that all of the information contained in this application is complete and accurate to the best of my knowledge. I understand that, if employed, omissions or false or inaccurate statements on this application may result in dismissal.

I hereby authorized all prior employers, references, schools, credit bureaus, Social Security Administration, DMV, law enforcement agencies and investigative agencies to give LONG BEACH DAY NURSERY, all information concerning my previous employment and pertinent information they may have, personal or otherwise, concerning my qualifications for the position applied for. I release all persons or entities from all liability for any damage that may result from furnishing information to LONG BEACH DAY NURSERY. I also release LONG BEACH DAY NURSERY, and all of its employees from all liability for any damage that may result from reliance on the information furnished.

I understand and agree to undergo a drug test as a condition of employment, or continued employment, if requested by LONG BEACH DAY NURSERY.

If employed by LONG BEACH DAY NURSERY, I agree to abide by its policies, rules and regulations. I understand I must successfully complete prior to starting and maintain criminal record clearance through California Community Care Licensing. I understand and agree that my employment is at-will, and therefore, my employment and compensation can terminate, with or without cause, at any time, at my option or the option of LONG BEACH DAY NURSERY, unless it is modified by a specific written employment contract for a special duration which is signed by an officer of LONG BEACH DAY NURSERY, at the level of the President or above and me. This at-will employment relationship may not be modified by any oral or implied agreement.

PRINT NAME:	
SIGNATURE OF APPLICANT:	DATE SIGNED ____/____/____

## For Office Use Only

Check for all required documentation:

- Copy of Transcripts
- Copy of Permit
- Signature Last Page
- All application components filled out. Missing information: \_\_\_\_\_

Application Complete:     YES     NO

Recommend for Interview:     YES     NO

Application Review Completed by: \_\_\_\_\_ Date: \_\_\_\_\_