

LIST ANY BUSINESSES MACHINES YOU ARE CAPABLE OF OPERATING AND ANY OTHER SPECIAL SKILLS RELEVANT TO THE POSITION FOR WHICH YOU ARE APPLYING.

- PERSONAL COMPUTER ADDING MACHINE TYPEWRITER
 CALCULATOR SOFTWARE TRAINED IN _____

OTHER: _____

LIST ANY HOBBIES, INTERESTS OR ANY OTHER SKILLS OR HONORS 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 SERVICE, VERIFIABLE VOLUNTEER WORK AND SELF-EMPLOYMENT IN THE USA, BEGINNING WITH PRESENT JOB. INCLUDE ANY PERIODS OF UNEMPLOYMENT GREATER THAN 1-MONTH IN DURATION. PRINT CLEARLY.

YOU MUST COMPLETE THIS SECTION IN ITS ENTIRELY EVEN IF YOU INCLUDE A RESUME.

| NAME OF COMPANY, ADDRESS, STATE TELEPHONE NUMBER | DATE OF EMPLOYMENT MONTH-YEAR | RATE OF PAY | NAME & PHONE NUMBER OF SUPERVISOR | DUTIES & RESPONSIBILITIES | REASON FOR LEAVING |
|---|---|---|---|---------------------------|--------------------|
| CO. NAME _____ STREET _____ CITY & STATE _____ PHONE# _____ JOB TITLE _____ | FROM _____ TO _____ #HRS/WEEK _____ | STARTING _____ ENDING _____ CIRCLE: HR WK MO YR | NAME OF SUPERVISOR _____ (____) _____ (AREA) PHONE # _____ MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| CO. NAME _____ STREET _____ CITY & STATE _____ PHONE# _____ JOB TITLE _____ | FROM _____ TO _____ #HRS/WEEK _____ | STARTING _____ ENDING _____ CIRCLE: HR WK MO YR | NAME OF SUPERVISOR _____ (____) _____ (AREA) PHONE # _____ MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| CO. NAME _____ STREET _____ CITY & STATE _____ PHONE# _____ JOB TITLE _____ | FROM _____ TO _____ #HRS/WEEK _____ | STARTING _____ ENDING _____ CIRCLE: HR WK MO YR | NAME OF SUPERVISOR _____ (____) _____ (AREA) PHONE # _____ MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO | | |

HAVE YOU EVER WORKED FOR LONG BEACH DAY NURSERY? YES NO

IF YES, WHEN _____ FROM _____ TO _____

DO YOU HAVE ANY FRIENDS OR RELATIVES EMPLOYED BY LONG BEACH DAY NURSERY?

YES NO

IF YES, PLEASE IDENTIFY _____

HOW DID YOU HEAR ABOUT US?

EMPLOYMENT AD

NEWSPAPER _____

RADIO _____

TV _____

INTERNET _____

OTHER PUBLICATION _____

JOB FAIR

RECRUITER CONTACTED ME

COLLEGE RECRUITING

EMPLOYMENT AGENCY _____

EMPLOYEE REFERRAL _____

OTHER _____

ARE YOU ELIGIBLE TO WORK IN THE USA? YES NO

ARE YOU UNDER 18 YEARS OF AGE? YES NO

IF YES, DO YOU HAVE A WORK PERMIT? YES NO

HAVE YOU SINCE THE AGE OF 18, BEEN CONVICTED OF A FELONY OR A CRIME?

YES NO

IF YES, PLEASE EXPLAIN. _____

A CONVICTION WILL NOT NECESSARILY EXCLUDE YOU FROM EMPLOYMENT. EACH CONVICTION WILL BE JUDGED ON ITS OWN MERITS WITH RESPECT TO THE TIME, CIRCUMSTANCES AND SERIOUSNESS.

SPECIFIC TITLE OF POSITION APPLIED FOR: _____ TYPE OF WORK DESIRED: FULL-TIME SUBSTITUTE PART-TIME SEASONAL

NOTE: If you are applying for a Teacher or Director position, please include transcripts documenting all ECE/CD units (may be unofficial transcripts), Copy of Current Child Development Permit held, and Copy of applicable Degrees held. **APPLICATIONS WITHOUT TRANSCRIPTS WILL NOT BE PROCESSED.**

DATE AVAILABLE TO BEGIN WORK: _____ SALARY/WAGE EXPECTED: \$ _____ PER YR. \$ _____ PER HR.

LIST HOURS AND DAYS YOU ARE AVAILABLE TO WORK.

| | SUN. | MON. | TUE. | WED. | THU. | FRI. | SAT. |
|------|------|------|------|------|------|------|------|
| FROM | | | | | | | |
| TO | | | | | | | |

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 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.

| | |
|------------------------|-------------------------------|
| SIGNATURE OF APPLICANT | DATE SIGNED ____/____/____ |
|------------------------|-------------------------------|

PERSONAL REFERENCES

PLEASE LIST THREE PERSONS THAT WE CAN CALL FOR CHARACTER
DO NOT LIST HOUSEHOLD MEMBERS, FRIENDS OR RELATIVES.

YOU MUST COMPLETE THIS SECTION IN ITS ENTIRETY EVEN IF YOU INCLUDE A RESUME.

| NAME | ADDRESS | TELEPHONE/FAX E-MAIL | YEARS KNOWN |
|-------------|----------------|---------------------------------|--------------------|
| | | | |
| | | | |
| | | | |

EMPLOYMENT REFERENCES

PLEASE LIST AT LEAST THREE PERSONS THAT LONG BEACH DAY NURSERY MAY CONTACT
FOR VERBAL REFERENCE.

| NAME | ADDRESS | TELEPHONE/FAX E-MAIL | YEARS |
|----------------------------------|----------------|---------------------------------|--------------|
| Company: Title: | | | |
| Company: Title: | | | |
| Company: Title: | | | |
| Company: Title: | | | |
| Company: Title: | | | |