



Name of Applicant: _____

Escondido Community Child Development Center 819 W 9th Ave, Escondido, CA 92025

www.eccdc.com (760) 839-9361 Fax: (760) 745-8567

Application for Employment

(Please Print)

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religious persuasion, marital status, political belief, or disability that does not prohibit performance of essential job functions.

Date: _____

I. Personal Information

Name: Last First Middle

Present Address How long at this address?

Previous Address How long at this address?

Telephone Email address

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity (valid driver's license, birth certificate, Green Card, etc.) within three days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

Position Applied For: _____

1. Is there any information we would need about your name or use of another name for us to be able to check your work record? Please specify:

2. Do you have any relatives who are presently (or have formerly been) employed by this company?

3. How were you referred to us? _____

4. Have you ever been convicted of a felony? ___ Yes ___ No
If yes, please explain:



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II. Educational History

School Name/Location / Years Completed / Degree/Diploma

Elem/Jr. High: _____

High School: _____

College: _____

Tech. Training: _____

Other: _____

III. Employment Record *(Please include all employment for the last five years in chronological order.)*

1. _____
Company Name Position Held

_____ Dates Employed: _____
Address From To

_____ Telephone
Manager / Supervisor

Reason For Leaving

2. _____
Company Name Position Held

_____ Dates Employed: _____
Address From To

_____ Telephone
Manager / Supervisor

Reason For Leaving

3. _____
Company Name Position Held

_____ Dates Employed: _____
Address From To

_____ Telephone
Manager / Supervisor

Reason For Leaving

Investing In Our Community...One Family at a Time.



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NOTE: Use a separate sheet to list additional employers, if necessary. We will contact all of the employers listed on this application unless you specifically exclude them below. Please list any employers you do not want us to contact and your reason for the exclusion:

(Employer's Name) Reason

(Employer's Name) Reason

IV. References (Please do not include relatives or former employers.)

1. _____
Name Years Known

Address Telephone

Occupation Email

2. _____
Name Years Known

Address Telephone

Occupation Email

3. _____
Name Years Known

Address Telephone

Occupation Email



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V. Other Work Information

1. If this position requires ECE units, how many do you have and which permit do you qualify for or hold? _____
2. If your application receives favorable consideration, when will you be available to begin work?

3. Do you have any objection to working overtime? () Yes () No
4. Are you capable of satisfactorily performing the essential job duties required of the position you are applying for? () Yes () No
5. What hours during the day/week are you available for work? _____
6. Do you have adequate transportation to and from work? () Yes () No
7. Can you travel if required for this position? () Yes () No
8. If your application receives favorable consideration, what salary/hourly rate would you require?
\$ _____ per _____
9. If you are hired for this position, it will be necessary for you to obtain: a clean drug and alcohol screening, a clean background and criminal history, a report stating you are free from active TB (within the last year) and a health screen allowing you to perform the essential job duties. Do you feel you are capable of obtaining these clean reports? () Yes () No
10. If not, please explain.

VI. Application Agreement

This application will be considered active for a maximum of thirty (30) days. If you wish to be considered for employment after that time you must re-apply. It is our policy to check references as part of our hiring process. This may include contacting your former employers, as well as other business associates. We will ask a series of questions about your work experience, character, education and personality.

After reading this policy, please indicate your agreement by signing in the space provided.

I have read and fully understand the foregoing and voluntarily consent to allow the Escondido Community Child Development Center to check my references. Questions may be asked about my work experience, personality, personal habits and education.

Furthermore, I certify that all information that I have provided on this application is true, accurate and complete to the best of my knowledge.

Applicant Name (print legibly)

Date

Applicant Signature

Received by: _____

Date: _____

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