

Child Development Consortium of Los Angeles, Inc.

APPLICATION FOR EMPLOYMENT

Position Desired: _____ Date: _____

Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Message Phone: _____

Have you ever pled guilty or not contest to, or been convicted of, a misdemeanor or felony? _____
(If yes, please give the date and details below. A yes answer is not an automatic bar to employment.)

Have you been arrested for any matters for which you are currently out on bail or on your own
recognizance pending trial? _____
(If yes, please give the date and details below. A yes answer is not an automatic bar to employment.)

RECORD OF PREVIOUS EMPLOYMENT

Please list your current and previous employers in chronological order with the current or last employer listed first. Explain your job duties in enough detail to allow us to understand what you actually did in each job. You must complete this application. It is not acceptable to write "See Resume" in any of these spaces.

Job Title: _____ Job Duties: _____

Current/Last Employer: _____

Address: _____

City, State, Zip: _____

From (mo/yr): _____ To (mo/yr): _____

Reason for leaving: _____

Name of Last Supervisor: _____ Phone: _____

May we contact your current employer? _____ If no, please explain: _____

Job Title: _____ Job Duties: _____
 Previous Employer: _____
 Address: _____
 City, State, Zip: _____
 From (mo/yr): _____ To (mo/yr): _____
 Reason for leaving: _____
 Name of Last Supervisor: _____ Phone: _____

Job Title: _____ Job Duties: _____
 Previous Employer: _____
 Address: _____
 City, State, Zip: _____
 From (mo/yr): _____ To (mo/yr): _____
 Reason for leaving: _____
 Name of Last Supervisor: _____ Phone: _____

Job Title: _____ Job Duties: _____
 Previous Employer: _____
 Address: _____
 City, State, Zip: _____
 From (mo/yr): _____ To (mo/yr): _____
 Reason for leaving: _____
 Name of Last Supervisor: _____ Phone: _____

Have you ever been terminated or asked to resign from any job? Yes _____ No _____

If yes, please explain circumstances: _____

If hired, can you furnish proof that you are eligible to work in the United States? Yes _____ No _____

EDUCATION	School Name	Graduated	Principle Course of Study
High School		Yes No	
College		Yes No	
College		Yes No	
Other		Yes No	

Do you have a current Child Development Permit? Yes _____ No _____

Number of ECE or CD semester units _____

If yes, Document Title: _____ Expiration Date: _____

PERSONAL REFERENCES

Name	Occupation	Address	Telephone Number	Number of Years Known

Use this space to provide us with any other job-related information that we should know about you to help us consider your qualifications for this position.

IMPORTANT: Thank you for your interest in employment with CDCLA. CDCLA is an equal opportunity employer. We comply with all federal, state, and local laws that prohibit discrimination on the basis of race, sex, religion, color, age, national origin, disability, medical condition, marital status, veteran status, or other such categories. Information in this application will not be used to discriminate against any individual in any manner. If you become an employee of CDCLA, it is understood and agreed that your employment is on an "at-will" basis and may be terminated with or without cause, with or without notice, at any time, at the option of CDCLA or yourself. Your at-will status may only be changed by an agreement signed by you and the Executive Director of CDCLA.

Acknowledgment: I hereby certify that the information contained on or submitted with this application is true and accurate. I authorize CDCLA to contact my schools, personal references or former employers, except those I have indicated, for a complete account of their experiences with me, and I do unconditional release all parties from liability for any damage that may result from furnishing his information to you. I understand that if employed, any misrepresentation or material omission of facts on this application for or other employment documentation is sufficient cause for my termination.

I have read, acknowledge, understand, and agree to the above statements.

Signature: _____ Date: _____

Please fax completed application to
(213) 244-1249 or mail to:
CDCLA
315 W. 9th St., Ste. 500
Los Angeles, CA 90015