



Carlsbad Educational Foundation
WHERE KIDS ARE WORTH a MILLION!

Carlsbad Educational Foundation
5631 Palmer Way, Suite L
Carlsbad, CA 92010
Phone: 760 929-1555

EMPLOYMENT APPLICATION

Please print or type all information

Date of application _____

PERSONAL INFORMATION

Name _____

Address _____

Phone _____ Email _____

Social Security Number (optional) _____

EMPLOYEE POSITION DESIRED (Teachers must be 18 years or older): _____

Regular Paid Position _____

Substitute _____

Other _____

Please indicate hours when you would be

available:

	Mon.	Tues.	Wed.	Thurs.	Fri.
A.M.					
P.M.					

If you are selected for any of the positions indicated above, could you commit to work for:

_____ Academic year (Sept.-June)

_____ Summer Session

_____ Year-round

Are you currently employed in this position by a licensed center/school? _____

Have you ever been employed in this position by a licensed center/school? _____

If so, name of center/school: _____ Dates employed: _____

What prompted you to apply? Advertisement Own Accord Referred Employee Referral

When could you report for work? _____

Minimum acceptable wage _____

EDUCATION/PROFESSIONAL QUALIFICATIONS

Name and Address of:

High School _____

Do you have a high school diploma or GED? no yes

Name and Address of:

College(s) _____

Years Attended _____ Date Graduated (or date expected) _____

Undergraduate Major _____ Degree (or units completed if no degree) _____

Name and Address of:

Graduate School(s) _____

Years Attended _____ Date Graduated (or date expected) _____

Graduate Major _____ Degree (or units completed if no degree) _____

Name and Address of: _____

Are you planning to further your education? no yes When? _____

Please list below any course work taken or currently enrolled in which you feel is especially relevant to the position for which you are applying. Include courses in child development, in specific curriculum areas (e.g., art, music) and courses in educational theory or philosophy.

Course Title/Description	Where taken	Date Completed	Units*

*Specify quarter or semester units

All education transcripts will be required prior to hiring.

STATEMENT OF PURPOSE

Please indicate briefly why you are interested in the position applied for and how it would fit into your career plans. .

WORK HISTORY/REFERENCES

List your work experience, in its entirety, beginning with your present or last job in reverse order. Be sure to include appropriate military experience. Put a * if the job gives you specific experience in the position for which you are applying. If you need more space, please use a separate sheet of paper.

Employer _____ Dates Employed: from ___/___/___ to ___/___/___

Address _____ Phone (____) _____

Full Time Part-time Temporary Average number of hours worked per week _____

Your Title _____ Supervisor's Name _____

Hourly Rate/Salary: \$ _____ start \$ _____ final Reason for Leaving _____

Describe Work Performed _____

Employer _____ Dates Employed: from ___/___/___ to ___/___/___

Address _____ Phone (____) _____

Full Time Part-time Temporary Average number of hours worked per week _____

Your Title _____ Supervisor's Name _____

Hourly Rate/Salary: \$ _____ start \$ _____ final Reason for Leaving _____

Describe Work Performed _____

Employer _____ Dates Employed: from ___/___/___ to ___/___/___

Address _____ Phone (____) _____

Full Time Part-time Temporary Average number of hours worked per week _____

Your Title _____ Supervisor's Name _____

Hourly Rate/Salary: \$_____ start \$_____ final Reason for Leaving _____

Describe Work Performed _____

Name three (3) personal references not related to you and not previous employers:

1. Name _____

Address _____ Phone _____

2. Name _____

Address _____ Phone _____

3. Name _____

Address _____ Phone _____

I give the Carlsbad Educational Foundation the right to investigate all work history/personal references. Furthermore, I give the Carlsbad Educational Foundation the right to verify any educational reference given in this application. I hereby release from liability the Carlsbad Educational Foundation and its representatives for seeking such information and all other corporations, educational institutions, individuals or organizations for furnishing such information.

_____ **Applicants full legal signature**

It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed. _____ **Initial here**

The Carlsbad Educational Foundation, I agree to abide by all present and subsequently issued rules, policies and programs of the Carlsbad Educational Foundation.

_____ **Initial here**

I understand that I am free to resign at anytime and the Carlsbad Educational Foundation reserves the right to terminate my employment at any time, with or without cause, and without prior notice.

_____ **Initial here**

I understand that I must meet all qualifications required by Community Care Licensing for the position for which I am applying. Failure to meet those requirements will terminate consideration for employment or employment. Failure to meet requirements of licensing at anytime for the position I hold will also be grounds for termination of employment.

_____ **Initial here**

I understand that I must have my fingerprints on file with the Department of Social Services and/or the Department of Justice, before any contact with children, and I must also have a current physical with TB test. If I leave employment, for any reason, during the first 30 days, I understand that I will be responsible for all costs for fingerprinting and that the Carlsbad Educational Foundation will deduct all costs from my final paycheck.

_____ **Initial here**

Signature of Applicant _____ **Date** _____

Please attach to licensing form