Toddler Town Child Enrichment Center 740 W. Compton Blvd Compton, Ca 90220 310.627.9003 EMPLOYMENT APPLICATION

APPLICANT INFORMATION

Name (Last) (First) (Middle) Date		
Address City State ZIP Code		
Telephone Alternate Telephone Best Contact Time E-Mail Add	ress	
Social Security Number Driver's License No./Issuing State Date of Birth		
Position Apply For Type of Work Desired	Full-Time Part-Time Temporary/Contract	
When Are You Available to Begin Work? Will You Work Overtime? Yes No		
If hired, can you provide evidence that you are authorized <u>and</u> of legal age to work in the United States? Yes No		
In Case of Emergency Notify Telephone	Name of Nearest Relative Telephone	

EDUCATION

ТҮРЕ	SCHOOL NAME/LOCATION	COURSE OF STUDY	NO. YEARS ATTENDED	DEGREE/DIPLOMA
HIGH SCHOOL				
BUSINESS/TECHNICAL				
COLLEGE				
GRADUATE				
OTHER				

Professional Organizations:

First-Aid Training? Date Completed Yes No

CPR Training? Date Completed Yes No

EMPLOYERS

(List all jobs and contracts held by you during the past five continuous years)

CURRENT EMPLOYER

Company Name Telephone

Address City State ZIP Code

Position Held From To Starting/Ending Salary

Reason for Leaving Supervisor

PREVIOUS EMPLOYER

Company Name Telephone	
Address City State ZIP Code	
Position Held From To Starting/Ending Salary	
Reason for Leaving Supervisor	

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MILITARY STATUS

Have You Served in the U.S. Armed Services? Branch Start Date End Date Yes No

Rank/Rate at Discharge Type of Service Type of Discharge

Special Training/Experience Received in the U.S. Armed Services Draft Status Reserve Status

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CRIMINAL HISTORY

Have you ever been *convicted* of a criminal offense? Check One: Yes No

Do you currently have any criminal actions pending in which you are the Defendant? (Not Applicable to California Applicants) Check One: Yes No

Are you currently on probation or parole? Check One: Yes No

If you answered "Yes" to any of the above questions, please explain the nature of the offense and provide the date of the offense and the county and state in which it occurred.

PERSONAL REFERENCES:

Name Address Phone Occupation Relationship

Name Address Phone Occupation Relationship

Name Address Phone Occupation Relationship

APPLICANT STATEMENT

(Read and Sign Below)

I certify that this employment application was completed by me and that all of the information on this application is true and correct to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of facts called for herein will result in my disqualification from further consideration or dismissal from employment if I am hired. I have reviewed the Authorization for Criminal Records Verification and Fingerprint Information and acknowledge that I understand the terms set forth therein. I understand that this employment application is not valid without my signature.

Print Name

Signature Date

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