DIAMOND LITTLE PEOPLE ACADEMY

2320 Coloma St; Oakland, CA 94602

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www.diamondlittlepeople.com

EMPLOYMENT APPLICATION

| Application Date: | | Da | _ Date available: | | |
|--|------------------------------|-----------------|----------------------------------|--------------------|--|
| . <u>PERSONAL</u> | L INFORMATION | | | | |
| | | | | | |
| NAME AS IT APPE | EARS ON DRIVER'S LIC. OR STA | ATE ID. | - SOCIA | AL SECURITY NUMBER | |
| PRESENT STREE | T ADDRESS | | - | PHONE # | |
| CITY | STATE | ZIP | _ | EMAIL | |
| _ | PREVIOUS STREET ADDRESS | S IF AT PRESENT | | IN FIVE YEARS ZIP | |
| | | | | | |
| What position are you applying for? (check all that apply) | | _ | full-time hours Any available | part-time hours | |
| What co-curric | cular activities can you le | ead? | | | |
| | | | | | |
| Are you biling | jual? <u>Yes</u> No Lan | nguages: | | | |

| B. <u>GETTING TO KNOW YOU</u> |
|---|
| Take some time to answer these next questions in the space provided or feel free to use a separate piece of paper for more space: |
| What would you like to be doing five years from now? |
| |
| O Have one we half you make towards your made? |
| How can we help you move towards your goals? |
| |
| 3. Why do you want to work with us? |
| |
| |
| 4. How will you contribute to our business being successful? |
| |
| |
| 5. What is your philosophy on discipline? |
| |
| |
| 6. What are your strengths? |
| |
| 7. What are your weaknesses? |
| 7. What are your weaknesses: |
| |
| 8. Please summarize any additional information that you would like to present regarding you |
| candidacy for this position. |
| |
| |
| |
| |

| C. PROFESSIONAL QUALIFICATIONS | | | | |
|---|--|--|--|--|
| High school graduate or GED? Yes No Name of school or program? | | | | |
| Early Childhood Courses? Yes No | | | | |
| Name of school or program | | | | |
| Type of classes | | | | |
| College graduate? Yes No | | | | |
| Degree: Date received: | | | | |
| Issuing institution: | | | | |
| Cumulative GPA: Bachelor's Graduate | | | | |
| Your major(s) Your minor(s) | | | | |
| Can you submit verification of your legal right to work in the U.S.? Yes No | | | | |
| Do you have a current child first aid/CPR card? Yes No | | | | |

Attach photocopies of \underline{all} transcripts, certificates, ID's or first aid/CPR cards you have.

| D. | <u>EMP</u> | <u>'LO'</u> | <u>YMEN</u> | <u>IT HI</u> | STC | <u>)RY</u> | |
|----|------------|-------------|-------------|--------------|-----|------------|--|
| | | | | | | | |

Sequentially list any teaching experience with most recent first. Please clearly indicate if you do not want us to notify your current employer.

| | Dates of Employment |
|--|---|
| Position(s) | |
| Address | |
| | |
| Supervisor's name and number | |
| Reason for leaving | |
| | Is it ok to contact this employer |
| | Yes No |
| | |
| 2. Company | Dates of Employment |
| Position(s) | |
| | |
| | |
| Supervisor's name and number | |
| | |
| Reason for leaving | Is it ok to contact this employer |
| | |
| | |
| | Yes No |
| | Yes No |
| | |
| ease list any significant experiences working | |
| ease list any significant experiences working | |
| ease list any significant experiences working | Yes No with preschool students: |
| ease list any significant experiences working | |
| | with preschool students: |
| ease list any significant experiences working ave you ever been dismissed or asked to res If so, please explain: | with preschool students:sign from a teaching position?YesNo |

| 1 NAME | |
|-----------|--------------|
| | |
| PHONE | RELATIONSHIP |
| | |
| 2 NAME | |
| PHONE | |

3. ______

RELATIONSHIP

E. <u>REFERENCES</u>

PHONE

F. APPLICANT'S CERTIFICATION AND AGREEMENT

I understand that Diamond Little People Academy does not discriminate in its employment practices against any person because of race, color, national or ethnic origin, gender, age, or qualified disability.

I hereby certify that the facts set forth in this application process are true and complete to the best of my knowledge. I understand that falsification of any statement or a significant omission of fact may prevent me from being hired, or if hired, may subject me to immediate dismissal regardless of the time elapsed before discovery. If I am released under these circumstances, I further understand and agree that I will be paid and receive benefits only through the day of release.

I authorize Diamond Little People Academy and its representatives to thoroughly interview the primary references which I have listed, any secondary references mentioned through interviews with primary references, or other individuals who know me and have knowledge regarding my background education and work experience. I also grant full authorization to thoroughly investigate my work records and evaluations, my educational preparation, and other matters related to my suitability for the position.

I authorize references and my former employers to disclose to Diamond Little People Academy and its representatives any and all employment records, performance reviews, letters, reports, and other information related to my life and employment, without giving me prior notice of such disclosure. In addition, I hereby release Diamond Little People Academy and its representatives, my former employers, references, and all other parties from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure. I waive the right to ever personally view any references given to the school.

I authorize the school to conduct a criminal records check. I understand and agree that any offer of employment that I may receive from Diamond Little People Academy is conditioned upon the receipt of background information including criminal background information. Diamond Little People Academy may refuse employment or terminate conditional employment if they deem any background information unfavorable or that it could reflect adversely on them.

I understand that this is only an application for employment and that no employment contract is being offered at this time.

| Signature of Applicant | Date | | | |
|--|------|--|--|--|
| | | | | |
| | | | | |
| I certify that I have carefully read and do understand the above statements. | | | | |