



Carlsbad Educational Foundation  
 P.O. Box 205  
 Carlsbad, CA 92018-0205  
 Phone: 760 929-1555

**EMPLOYMENT APPLICATION**

**Please print or type all information**

Date of application \_\_\_\_\_

**PERSONAL INFORMATION**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

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. .

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**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. I understand that all costs for fingerprinting and physical will be reimbursed to me upon employment. 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 physical and that the Carlsbad Educational Foundation will deduct all costs, reimbursed to me for fingerprinting and physical, from my final paycheck.

\_\_\_\_\_ **Initial here**

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please attach to licensing form**