



JOB APPLICATION

If not completing this application online, please print clearly in blue or black ink.

PERSONAL INFORMATION

LAST: _____ FIRST: _____ MIDDLE: _____

OTHER NAMES USED: _____

CURRENT ADDRESS: _____

CITY: _____ ZIP CODE: _____

MAILING ADDRESS, IF DIFFERENT FROM CURRENT ADDRESS:

CITY: _____ ZIP CODE: _____

HOME TELEPHONE: _____ MOBILE TELEPHONE: _____

EMAIL ADDRESS: _____

Are you over 18 years of age? ☐ YES ☐ NO

If you are under 18 years of age, are you a high school graduate? ☐ YES ☐ NO

Are you legally eligible for permanent employment in the U.S.? ☐ YES ☐ NO

If hired, verification will be required by law.

POSITION (S) APPLYING: ☐ FULL TIME ☐ PART-TIME

☐ PRESCHOOL TEACHER ☐ SCHOOL AGE TEACHER ☐ PE COACH

☐ PRESCHOOL ASSISTANT ☐ SCHOOL AGE ASSISTANT

☐ TEMPORARY ON-CALL TEACHER ☐ TEMPORARY ON-CALL ASSISTANT

☐ SPECIALIST POSITION ☐ HEAD TEACHER

☐ SITE DIRECTOR ☐ ASSISTANT SITE DIRECTOR

☐ CLERICAL ☐ ADMINISTRATIVE POSITION

Date you are first available to start work: _____

Salary or hourly wages desired: \$ _____ ☐ Hourly ☐ Monthly ☐ Annually



Footsteps Child Care, Inc.

374 El Camino Real Belmont, California 94002

T: 650.610.0715 F: 650.610.0751 E: office@footstepschildcare.org W: footstepschildcare.org Tax ID: 94-3206278

EDUCATIONAL BACKGROUND

- **NAME OF SCHOOL:** _____

CITY: _____ GRADUATION DATE: _____

DEGREE/CREDENTIAL: _____

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CITY: _____ GRADUATION DATE: _____

DEGREE/CREDENTIAL: _____

- **NAME OF SCHOOL:** _____

CITY: _____ GRADUATION DATE: _____

DEGREE/CREDENTIAL: _____

- **APPLICABLE COURSEWORK FOR POSITION:**

COURSE OR CLASS TITLE: _____ DATE COMPLETED: _____

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SKILLS AND INTERESTS

- Do you speak a foreign language? ☐ YES ☐ NO

Which language(s) _____

Level of Fluency: Native Speaker ☐ YES ☐ NO

Speak Fluently ☐ YES ☐ NO Written Fluency ☐ YES ☐ NO

- Do you play a musical instrument? ☐ YES ☐ NO

Which one(s) _____

- Other interests, hobbies, skills, and talents:

- Please state why you are applying for this position and what you can offer to this organization

EMPLOYMENT HISTORY

Are you currently employed? ☐ YES ☐ NO

If you are currently employed, may we contact your current employer? ☐ YES ☐ NO

Please describe present and past employment positions, beginning with your recent employment, dating back five years. Please account for all periods of unemployment. You may use additional paper if necessary.

Even if you attach or include a resume, this section must be completed.

• **DATES OF EMPLOYMENT:** START DATE: _____ END DATE: _____

NAME OF EMPLOYER: _____

BUSINESS TYPE: _____

ADDRESS _____

CITY: _____ STATE: _____ ZIP: _____

POSITION TITLE: _____

RESPONSIBILITIES & DUTIES:

SALARY OR HOURLY WAGE: _____

REASON FOR LEAVING: _____

NAME OF SUPERVISOR: _____ TITLE: _____

TELEPHONE: _____ EMAIL: _____

MAY WE CONTACT THIS EMPLOYER FOR REFERENCES? ☐ YES ☐ NO

NAME OF PERSON TO CONTACT: _____

TELEPHONE: _____ EMAIL: _____

• **DATES OF EMPLOYMENT:** START DATE: _____ END DATE: _____

NAME OF EMPLOYER: _____

BUSINESS TYPE: _____

ADDRESS _____

CITY: _____ STATE: _____ ZIP: _____

DATES OF EMPLOYMENT: START DATE: _____ END DATE: _____

POSITION TITLE: _____

RESPONSIBILITIES & DUTIES:

SALARY OR HOURLY WAGE: _____

REASON FOR LEAVING: _____

NAME OF SUPERVISOR: _____ TITLE: _____

TELEPHONE: _____ EMAIL: _____

MAY WE CONTACT THIS EMPLOYER FOR REFERENCES? ☐ YES ☐ NO

NAME OF PERSON TO CONTACT: _____

TELEPHONE: _____ EMAIL: _____

• **DATES OF EMPLOYMENT:** START DATE: _____ END DATE: _____

NAME OF EMPLOYER: _____

BUSINESS TYPE: _____

ADDRESS _____

CITY: _____ STATE: _____ ZIP: _____

NAME OF SUPERVISOR: _____ TITLE: _____

TELEPHONE: _____ EMAIL: _____

RESPONSIBILITIES & DUTIES:

SALARY OR HOURLY WAGE: _____

REASON FOR LEAVING: _____

DATES OF EMPLOYMENT: START DATE: _____ END DATE: _____

POSITION TITLE: _____

MAY WE CONTACT THIS EMPLOYER FOR REFERENCES? ☐ YES ☐ NO

NAME OF PERSON TO CONTACT: _____

TELEPHONE: _____ EMAIL: _____

REFERENCES:

- Please list three references – Two must be professional references, not relatives or friends

1. NAME: _____	TELEPHONE: _____
EMAIL: _____	RELATIONSHIP: _____
2. NAME: _____	TELEPHONE: _____
EMAIL: _____	RELATIONSHIP: _____
3. NAME: _____	TELEPHONE: _____
EMAIL: _____	RELATIONSHIP: _____

Footsteps Child Care is an Equal Opportunity Employer. Footsteps Child Care does not discriminate on the basis of race, religion, color, sex, age, national origin, disability, perceived gender, gender identity, or gender expression. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law.

Applicants requiring reasonable accommodation in the application and/or interview process should notify a representative of the organization.

Are you able to perform the essential functions of the job for which you are applying, either with/without reasonable accommodation?

☐

YES

☐

NO

If no, please describe the functions that cannot be performed:

Footsteps Child Care, Inc. is an At-Will Employer. The first ninety (90) days of employment is an "introductory period." This means that regardless of any provision in the Employee Handbook, either you or Footsteps Child Care may terminate the employment relationship at any time, for any reason, with or without cause or notice.

_____ *Please Initial*

I reserve the right to know the names and addresses of any investigative agencies used in order that I may learn the information contained in and furnished to Footsteps Child Care. I understand this application does not constitute an employment contract of any kind.

_____ *Please Initial*

Footsteps Child Care has my permission to obtain all necessary information from the references I have listed, or from any other sources, concerning my prior employment and personal history or credit standing and I release all parties from any possible damages resulting from disclosing such information with or without prior written notices to me.

Footsteps Child Care has my authorization to conduct pre-employment testing, not limited to classroom practicum, fingerprint clearance, computer skills testing, drug testing, and van driving.

The above information is true and complete to the best of my knowledge. Should I be employed by the company, any misrepresentation or false statement contained herein may be considered cause for possible dismissal.

This application will remain active and valid for sixty (60) days until the open position is filled.

Signature of Applicant

Date