

Application for Employment



945 California Drive
 Burlingame, CA. 94010
 650 340 1289

It is our policy and intent to provide equal opportunity to all persons without regard to race, citizenship, sex or gender, gender identity, domestic partner status, color, religion, creed, age, marital or parental status, sexual orientation, national origin, ancestry, political affiliation, pregnancy, physical or mental disability, AIDS/HIV status, height, weight, or medical condition unrelated to the person's ability to perform the job, or the perception that a person is associated with a person who has or is perceived to have any of these characteristics, or any other basis protected by federal, state, or local law, ordinance or regulation. Employees, however, shall have the range of abilities necessary to meet the demands of their positions in all normal situations. This policy covers all facets of employment including, but not limited to: recruitment, selection, placement, promotions, transfers, demotions, terminations, training, compensation and all aspects of employment.

All positions applied for at Palcare are contingent upon the employee passing a job related physical examination and criminal record check, (fingerprinting)

PLEASE TYPE OR PRINT. Complete the entire application. You may attach a resume, but you must still complete all questions; or your application will be deemed incomplete and may not be considered. Please fill out each box (don't just indicate "See Resume.") Applications with missing or invalid job numbers will not be considered for any position.

Position Applying For:	Name (Last, First, Middle initial):	
Street Address:	City, State & Zip:	
Home Phone:	Cell/Mobile Phone:	
Are you eligible to work in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Email:
Are you 18 years of age or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If NO, what is your current age?
Have you been previously employed at Palcare?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, in what role, and during which dates?
Are you related to or are friends with any current Palcare employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, their name & their relationship to you?

EDUCATION

Name of School	City/State	Did you graduate?	If No, # of years left to graduate	If Yes, date of Graduation	Degree received	Course of Study
High School:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
GED:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other School:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				

Do you hold a Child Development Permit issued by the California Commission on Teacher Credentialing? If so which permit (Associate Teacher, Teacher, Master Teacher, Site Supervisor or Program Director. Also, any other professional licenses, permits or credentials, please describe.

Specific “core” ECE units completed (check YES or NO boxes for each course)

Course name	YES	NO
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Child Development	<input type="checkbox"/>	<input type="checkbox"/>
ECE Curriculum	<input type="checkbox"/>	<input type="checkbox"/>
Child, Family and Community	<input type="checkbox"/>	<input type="checkbox"/>
ECE Principles	<input type="checkbox"/>	<input type="checkbox"/>
Infant/Toddler Development	<input type="checkbox"/>	<input type="checkbox"/>
Practicum for ECE	<input type="checkbox"/>	<input type="checkbox"/>

Other Early Childhood Education (ECE) units: Please indicate the total number of ECE units you have completed and list those course not list above as “core”

Total ECE units completed

Other ECE courses completed in addition to “core” listed above.

Palcare’s mission is to provide quality childcare for families needing flexible child care schedules. Employees are expected to work flexible hours, flexible days including weekends. Are you available to work during Palcare’s operating hours and days (Monday- Saturday 6 am-11pm)?

YES

NO

If no, please explain your limitations _____

Additional Requirements Of The Position

The essential requirements of the job for which job you are applying are:

- Must be able to see clearly, with or without corrective lenses, for a distance of 50 feet.
- Must be able to frequently stand, walk, move quickly, use hands to finger, handle to feel, and reach with hands and arms.
- Required to sit on the floor and in small chairs and return to a standing position.
- Must be able to frequently lift and/or move up to 40 pounds
- Must be able to hear and understand normal conversation from at least 5 feet away from speakers
- Must be able to read, write, understand and speak English at a level sufficient for successful job performance

Any offer of employment is contingent upon candidate’s ability to perform requirements of the position.

WORK EXPERIENCE-Please detail your most recent work history. Begin with your current or most recent employer. If you held multiple positions with the same organization, detail each position separately. Attach additional sheets if necessary. Omission of prior employment may be considered falsification of information. Please explain any gaps in employment. Include full-time military or volunteer commitments. **PLEASE DO NOT** complete this information with the notation “See Resume.” **PLEASE NOTE.** Palcare reserves the right to contact all current and former employers for reference information.

Dates employed (most recent position). From: To		<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/>	Title:
Organization Name and Address:			
Supervisor’s Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate	
Primary duties:		Reason for Leaving:	

Dates employed From: To		<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/>	Title:
Organization Name and Address:			
Supervisor's Name, Title and Phone #:		Other Reference Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:			Reason for Leaving:

Dates employed From: To		<input type="checkbox"/> Full time <input type="checkbox"/> Part-time time If part-time, # hrs./wk: <input type="checkbox"/>	Title:
Organization Name and Address:			
Supervisor's Name, Title and Phone #:		Other Reference Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:			Reason for Leaving:

PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION.

I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment, or termination after employment if discovered at a later date. I authorize Palcare to investigate, without liability, all statements contained in this application and supporting materials. I authorize references and former employers, without liability, to make full response to any inquiries in connection with this application for employment. I agree to submit to a physical exam, criminal background investigation upon conditional offer of employment. I understand that this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment

I understand that if employed on a substitute basis, I would be paid for hours worked only, and would be ineligible for benefits including paid time off. If employed on a regular, benefits-eligible basis, I understand that any benefits I receive may be subject to change or discontinuation at any time without prior notice. I understand that the first 120 calendar days of regular employment represent a provisional period, during which I would not be eligible to apply for transfer or promotion and during which I may be terminated without right of appeal

Applicant Signature: _____ **Date:** _____