



California Child Care Resource & Referral Network

APPLICATION FORM

Dear Applicant: Thank you for your interest in working with the California Child Care Resource and Referral Network. Our application process for every position requires that you complete this application form in full in addition to providing us with a cover letter and resume. Please type or print all sections clearly.

Position Applied For

Date of Application (Month/Day/Year)

PERSONAL INFORMATION

Name

Street Address

Email Address

City

State Zip

Day Phone

Evening Phone

You will be required to provide proof of your right to work in the United States.

If under 18 years can you furnish a work permit?

Circle one:

Yes No

If you are not a U.S. citizen, are you legally authorized to work in the U.S.?

Yes No

Can you provide a valid driver's license if the position applied for requires it?

Yes No

Do you have a high school diploma or G.E.D.?

Yes No

EDUCATION: Please list post-high school educational institutions you have attended (most recent first)

School

City/State

Dates of Attendance

Major Courses/Field of Study

Diploma/Degree

School

City/State

Dates of Attendance

Major Courses/Field of Study

Diploma/Degree

School

City/State

Dates of Attendance

Major Courses/Field of Study

Diploma/Degree

WORK EXPERIENCE: Please list your work experience (most recent first)

Employer	Job Title
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City, State	Dates of Employment (Month/Year to Month/Year)
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Supervisor	Phone Number (Area Code)
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Employer	Job Title
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City, State	Dates of Employment (Month/Year to Month/Year)
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Supervisor	Phone Number (Area Code)
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Employer	Job Title
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City, State	Dates of Employment (Month/Year to Month/Year)
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Supervisor	Phone Number (Area Code)
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Employer	Job Title
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City, State	Dates of Employment (Month/Year to Month/Year)
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Supervisor	Phone Number (Area Code)
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REFERENCES: Please list three professional or academic references. We will not contact your current or previous employers without your permission.

Name	Phone Number
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Professional Title	Organization
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Name	Phone Number
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Professional Title	Organization
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Name	Phone Number
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Professional Title	Organization
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I certify that all statements contained herein are true to the best of my knowledge and I understand that continued employment is contingent upon verification of the information given in the application. I authorize the California Child Care Resource and Referral Network to make such inquiries as it deems necessary to verify the information in this application.

Applicant's Signature

Date

**Please mail/fax/deliver this completed application to:
California Child Care Resource & Referral Network
1 Polk Street, 2nd Floor, San Francisco, CA 94102
Phone: (415) 882-0234 Fax: (415) 882-6233**