



# Compton Children's Academy Application for Employment

## Personal Information

Name: \_\_\_\_\_  
(Last) (First) (Middle)  
Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
\_\_\_\_\_ Work Phone: \_\_\_\_\_  
(City) (State) (Zip)

## Employment Desired:

Position Applying for: \_\_\_\_\_ Date you can start: \_\_\_\_\_  
Are you currently employed? Yes\_\_\_ No\_\_\_ If so, may we Contact Your  
employer? \_\_\_\_\_  
Have you ever Applied With this Company Before? Yes\_\_\_ No \_\_\_ When? \_\_\_\_\_  
Are you seeking Full or Part Time employment: \_\_\_\_\_ Desired Salary: \_\_\_\_\_

## General Information:

Are you 18 years of age or older? Yes\_\_\_ No\_\_\_ If No, please state age \_\_\_\_\_

Employment requires a Criminal Background Clearance, check below if this  
would be acceptable to you? Yes\_\_\_ No \_\_\_

Have you ever been convicted of a felony, barrier crime or subject of or a founded  
Child Protective Service compliant? Yes\_\_\_ No\_\_\_ If yes, please give a brief  
description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any medical condition(s) which may interfere with you fulfilling your given job responsibilities of the position for which you are applying?

Yes \_\_\_ No \_\_\_ If yes, please give a brief description: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## **Education Information**

Name of High school you attended: \_\_\_\_\_

Highest Level completed: \_\_\_\_\_ Date of graduation: \_\_\_\_\_

Name of College or University attended: \_\_\_\_\_

Dates attended: \_\_\_\_\_ Number of credits completed: \_\_\_\_\_

Degree(s) Earned: \_\_\_\_\_

Any additional certificates or trainings that would be helpful in evaluating your application? \_\_\_\_\_

\_\_\_\_\_

### **Former employers:**

1. Position: \_\_\_\_\_ Date(s) employed: \_\_\_\_\_

Employer: \_\_\_\_\_ full: \_\_\_\_\_ Part: \_\_\_\_\_

Supervisor: \_\_\_\_\_ May we contact? \_\_\_\_\_

Address of employer: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Salary: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Position: \_\_\_\_\_ Date(s) employed: \_\_\_\_\_

Employer: \_\_\_\_\_ full: \_\_\_\_\_ Part: \_\_\_\_\_

Supervisor: \_\_\_\_\_ May we contact? \_\_\_\_\_

Address of employer: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Salary: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Position: \_\_\_\_\_ Date(s) employed: \_\_\_\_\_

Employer: \_\_\_\_\_ full: \_\_\_\_\_ Part: \_\_\_\_\_

Supervisor: \_\_\_\_\_ May we contact? \_\_\_\_\_  
Address of employer: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Salary: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_

**Employee References:** (No friend or family)

1. Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Number of years Known: \_\_\_\_\_
  
2. Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Number of years Known: \_\_\_\_\_
  
3. Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Number of years Known: \_\_\_\_\_

Please describe in your words why you would be the best fit to join or CCA team?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any volunteer work or certifications that relate to child care:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds of dismissal.**

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**Signature**

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**Date**