APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer



All Kids Academy Head Start, Inc.

620 West Madison Avenue • El Cajon, CA 92020 Phone (619) 270-7009 • Fax (619) 442-6949 www.akaheadstart.org

Date of application:	It is important that you complete all parts of the application. If your application is incomplete or does not clearly show the experience and/or training required, your application may not be accepted.		Are you an AKA HS parent?			
PERSONAL DATA						
Name (Last, First Middle):						
Address (Number, Street, and Apt #):			Home Phone: Cell Phone:			
City, State, Zip Code:			Email:			
		, ,	y relatives working at AKA HS?			
Indicate names used at company w	here you worked, or sc	hool you attended, i	f different from ab	ove:		
Name:			Company/School:			
Name:			Company/School:			
POSITION APPLIED FOR:		ime 🛛 Part Time	Have you ever applied for employment with AKA HS before?			
Date available to start work:	Days available:			Hours available:		
Are you legally authorized to work in the U.S.?						
Have you ever worked for AKA HS (including as an independent contractor)? If so, please tell us when and in what capacity:						
How did you learn of job opportunities with AKA HS?						

CRIMINAL HISTORY - A conviction (felonies or serious misdemeanors) will not necessarily disqualify an applicant.

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE (Please exclude any misdemeanor conviction of possession of marijuana occurring more than two years ago, any referral to pre-trial or post-trial diversion program, any misdemeanor conviction for which probation was completed and the case was dismissed and any convictions that have been judicially ordered sealed, expunged or statutorily eradicated) other than a minor traffic violation?

Explain fully each conviction and identify the crime, the state and county of the court in which you were convicted (Attach separate sheet if necessary):

□ Yes □ No If yes, list dates _

A conviction will not automatically bar employment, but will be considered as it relates to fitness and ability to perform the job in question. Failure to honestly answer this question will result in discontinued consideration of application or termination of employment.

EDUCATION & TRAINING						
College or University Name:						
City, State:						
City, State.			Did you g	raduate?	□ Yes	□ No
Major Subject:			Type of Degree or Diploma:			
Technical School Name:						
City, State:			Did you g	raduate?	□ Yes	□ No
Major Subject:			Type of Degree or Diploma:			
High School Last Attended Name:						
City, State:			Did you g	raduate?	□ Yes	□ No
High School Diploma: 🛛 Yes 🗌 No			GED:	□ Yes	□ No	
Other Training:						
City, State:			Did you g	raduate?	□ Yes	□ No
			Dia you g	racuate :		
Major Subject:			Type of C	ertification:		
LIST COMPUTER SKILLS						
Computer Hardware Repair:		Types of Cor	nputer Soft	ware Skills:		
Language Ability – List those you could use in						
English:	Other:			Other:		
□ Speak □ Read □ Write	□ Speak □ Read	I □ Write		□ Speak	□ Read	□ Write

EMPLOYMENT HISTORY

Employer:	Employed from Mo./Yr. to Mo./Yr.: Phone:
Address:	City, State, Zip:
mmediate Supervisor's Name:	May we contact for a reference? Yes No
Starting Position Held:	Describe duties:
Current/Last Position:	Reason for Leaving (Please explain):
Employer:	Employed from Mo./Yr. to Mo./Yr.: Phone:
Address:	City, State, Zip:
mmediate Supervisor's Name:	May we contact for a reference?
Starting Position Held:	Describe duties:
Current/Last Position:	Reason for Leaving (Please explain):
Employer:	Employed from Mo./Yr. to Mo./Yr.: Phone:
Address:	City, State, Zip:
mmediate Supervisor's Name:	May we contact for a reference? Yes No
Starting Position Held:	Describe duties:
Current/Last Position:	Reason for Leaving (Please explain):
Employer:	Employed from Mo./Yr. to Mo./Yr.: Phone:
Address:	City, State, Zip:
Immediate Supervisor's Name:	May we contact for a reference? Yes No
Starting Position Held:	Describe duties:
Current/Last Position:	Reason for Leaving (Please explain):

List other work experience/trainings that you feel would be helpful to AKA HS in considering your application (skills used or learned, or promotions while you were working).

REFERENCES – List three persons, other than relatives or personal friends, who have knowledge of your work experience and/or education.					
Name, Title:	Email or Mailing Address:	Phone:			
Name, Title:	Email or Mailing Address:	Phone:			
Name, Title:	Email or Mailing Address:	Phone:			

Acknowledgment of Terms of Employment
Initial each line to indicate agreement.
 I hereby certify that the information contained in this application form is true and correct to the best of my knowledge and agree to have any of the statements checked by AKA HS unless I have indicated to the contrary. I authorize the references listed above, as well as all other individuals whom AKA HS contacts, to provide AKA HS any and all information concerning my previous employment and any other pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to AKA HS as well as from the use or disclosure of such information by AKA HS or any of its agents, employees or representatives. I understand that any misrepresentation or falsification, or material omission of information on this application may result in my failure to receive an offer or, if I am hired, my termination from employment. In consideration of my employment, I agree to conform to the rules and standards of AKA HS. I further agree that my employment can be terminated at will, or my compensation altered at will by AKA HS, with or without cause, and with our without notice, at any time, either at my option or at the option of AKA HS. I understand that no employee or representative of AKA HS, other than its Executive Director, has the authority to enter into an agreement for employment for any not alter the at-will nature of the employment relationship or enter into any employment for a specified time unless the Executive Director and I both sign a written agreement that clearly and expressly specifies the intent to do so. I agree that this shall constitute a final and fully binding integrated agreement with respect to the at-will nature of my employment relationship and that there are no oral or collateral agreements regarding this issue.
use or disseminate any non-public confidential information about AKA HS, its subsidies and their employees, customers, clients, vendors, contractors, or joint venture partners or any other information of a secret, proprietary, or generally undisclosed nature relating to AKA HS, or its work products, plans or procedures (all of which constitute trade secrets). I agree to deliver to AKA HS any copies of confidential information, or other AKA HS property, upon termination of the employment relationship or at any time upon AKA HS's request.
I also understand that all offers of employment are conditioned on AKA HS's receipt of satisfactory responses to AKA HS's Affirmations and Acknowledgement Documents.
I HAVE CAREFULLY READ AND AGREE TO THE ABOVE:
Signature: Date:
Rev. 12/19