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 y						
	application. If your application is incomplete or does not clearly show the experience and/or training required, your application may not be accepted.			☐ Yes ☐ No			
PERSONAL DATA							
Name (Last, First Middle):			Social Security Number:				
Address (Number, Street, and Apt #):			Home Phone: Cell Phone:				
City, State, Zip Code:			Email:				
Are you over 18 years of age?							
Indicate names used at company w	here you worked, or s	school you attended	if different from ab	ove:			
Name:			Company/School:				
Name:			Company/School:				
POSITION APPLIED FOR:			Have you ever applied for employment with AKA HS before?				
□ Full Time □ Part Time			☐ Yes ☐ No				
Date available to start work:	Days available:			Hours available:			
Are you legally authorized to work in (You will be required upon employm			ht to work in the Un	nited States)			
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 opportuniti	ies 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 misdemeanor conviction of possession of marijuana occurring more than two years a referral to pre-trial or post-trial diversion program, any misdemeanor conviction for wh probation was completed and the case was dismissed and any convictions that have judicially ordered sealed, expunged or statutorily eradicated) other than a minor traffic	the crime, the state and county of the court in which you were convicted (Attach separate sheet if necessary):					
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.						
College or University Name:						
Comogo of Chiversity Hume.						
City, State:	Did you graduate? ☐ Yes ☐ No					
Major Subject:	Type of Degree or Diploma:					
Technical School Name:						
City, State:	Did you graduate? ☐ Yes ☐ No					

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Major Subject:			Type of Degree or Diploma:			
Technical School Name:						
City, State:			Did you graduate? ☐ Yes ☐ No			
Major Subject:			Type of Degree or Diploma:			
High School Last Attended Name:			·			
City, State:			Did you	graduate?	☐ Yes	□ No
High School Diploma: ☐ Yes ☐ No			GED:	☐ Yes	□ No	
Other Training:						
City, State:			Did you	graduate?	☐ Yes	□ No
Major Subject:			Type of	Certification	:	
LIST COMPUTER SKILLS						
Computer Hardware Repair:		Types of Con	mputer So	ftware Skills:	:	
Language Ability – List those you could use i	n vour work:	<u> </u>				
English:	Other:			Other:		
☐ Speak ☐ Read ☐ Write	☐ Speak ☐ Read	d □ Write		☐ Speak	☐ Read	☐ Write

EMPLOYMENT HISTORY Complete this employment history, even if you also submit a resume. Start with your most "recent employment" and list all jobs you have held in the past 10 years. Account for all time; whether employed or not. Employed from Mo./Yr. to Mo./Yr.: Employer: Phone: Address: City, State, Zip: Immediate Supervisor's Name: May we contact for a reference? \square Yes ☐ No Starting Position Held: Describe duties: Reason for Leaving (Please explain): Current/Last Position: Employer: Employed from Mo./Yr. to Mo./Yr.: Phone: City, State, Zip: Address: Immediate Supervisor's Name: May we contact for a reference? \square 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? \square 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? \square Yes \square 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).					
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REFERENCES – List three persons, oth Name, Title:	ner than relatives or personal friends, who have knowled Email or Mailing Address:	dge of your work experience and/or education. Phone:			
ivalile, fille.	Littali of Mailing Address.	Filone.			
Name, Title:	Email or Mailing Address:	Phone:			
Name, Title:	Email or Mailing Address:	Phone:			
	Acknowledgment of Terms of Employmen	nt			
Initial each line to indicate agreemen	nt.				
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 or 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 specified period of time, or to make any express or implied agreement contrary to the foregoing. Further, the Executive Director may not alter the at-will nature of the employment relationship or enter into any employment agreement 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. Except as required in the performance of my dutie					
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					