



# VDA Inc.

Providing Quality Preschools

## Employment Application

Date: \_\_\_\_\_

Position(s) Applying for: \_\_\_\_\_ FT PT

Availability: \_\_\_\_\_ Substitute

Are you interested in substitute work? Yes No

\*Please list name as it appears on your Social Security Card.

Name: \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_  
Street City State Zip Code

Home Phone: \_\_\_\_\_ Message Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Drivers License #/State: \_\_\_\_\_

Are you over 18 years of age? Yes No Can you show proof of age? Yes No

California Education Code requires employers to fingerprint all employees. Have you ever been convicted of any criminal felony or misdemeanor? Yes No

If yes, explain when, where and disposition case (s): \_\_\_\_\_

Would you be willing to submit to a voluntary drug test? Yes No

Do you have any physical condition or handicap which may limit your ability to perform the job applied for? Yes No

If yes, what can be done to accommodate your limitation? \_\_\_\_\_

List any language (s) other than English, which you can speak, read, or write. \_\_\_\_\_

### Education Record - High School Diploma or equivalent required.

School	Name/City/State	Major	Diploma(s)
High School			
College/Trade School			

**Work Experience:**

Show your present job first, list all others in reverse order. Use a separate block for each job.

Employers Name and Address	Date of Employment	Supervisor Name/Phone	Job Title	Reason for Leaving

**Personal References:** (Other than a relative or former employer.)

\_\_\_\_\_  
Name Address City State Zip Code

\_\_\_\_\_  
Phone Number Occupation

\_\_\_\_\_  
Name Address City State Zip Code

\_\_\_\_\_  
Phone Number Occupation

**List any other information you feel is pertinent to this application (other skills or equipment you can operate)**

**In case of emergency notify:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address City State Zip code

\_\_\_\_\_  
Phone Number Message Phone

I affirm that the answers given above are true. It is understood that, when required, necessary proficiency certificates will be submitted. If employed, I understand I will be required to submit fingerprints, TB examination and an Employment Eligibility Verification.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date