



# Employment Application

*Community Child Care Council  
of Sonoma County, Inc.*

*131-A Stony Circle, Ste 300  
Santa Rosa, CA 95401  
(707) 544-3077*

## PERSONAL INFORMATION

Position Applied for		Date	
Last name	First	Middle	
Street address	City	State	Zip
Home phone	Work phone		
Other names you have used (to check employment history)			
Do you speak, read or write a language other than English?			
If yes, with what degree of skill? <input type="checkbox"/> Beginner <input type="checkbox"/> Conversational <input type="checkbox"/> Fluently			
Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, describe the functions which cannot be performed. (Please use back page if necessary.) Note: We comply with the ADA and consider reasonable accommodation measures that might be necessary for eligible applicants to perform essential functions.			
Please list any certificates, credentials or licenses you hold which might be applicable to this job:			
Please list any specific training you have had that would apply to this job:			
If hired would you be able to submit proof of age and verification of legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever been convicted of a felony or serious misdemeanor? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, please explain. (Please use back page if necessary.) Note that a conviction will not necessarily disqualify any applicant from a job applied for.			

## EDUCATION HISTORY

Institution	Name	Location	# Years Completed	Did You Graduate?
High School				
Colleges				
Graduate School				

# EMPLOYMENT HISTORY

Name and address of MOST RECENT employer

Job title

Starting date

Leaving date

Name/Title of Supervisor

May we contact Supervisor?

Yes

No

Supervisor phone

Description of work duties

Reason for leaving

Name and address of previous employer

Job title

Starting date

Leaving date

Name/Title of Supervisor

May we contact Supervisor?

Yes

No

Supervisor phone

Description of work duties

Reason for leaving

Name and address of previous employer

Job title

Starting date

Leaving date

Name/Title of Supervisor

May we contact Supervisor?

Yes

No

Supervisor phone

Description of work duties

Reason for leaving

Name and address of previous employer

Job title

Starting date

Leaving date

Name/Title of Supervisor

May we contact Supervisor?

Yes

No

Supervisor phone

Description of work duties

Reason for leaving

# PROFESSIONAL REFERENCES

Name	Relationship	Phone
1		
2		
3		

## ADDITIONAL INFORMATION

Do you have any additional information you would like to give us regarding your qualifications for this position? Please attach resume if desired.

Space for additional comments

### NON-DISCRIMINATION POLICY

The Community Child Care Council of Sonoma County, Inc. (4Cs) is an equal opportunity employer. It is our policy to provide equal employment opportunity to all applicants and employees. 4Cs will not allow discrimination on the basis of race, color, religion, creed, ancestry, national origin, age, sex, gender identity, sexual orientation, marital status, political affiliation, veteran's status, medical condition, physical or mental disability, or any other factor rendered unlawful by federal, state, or local law. This policy applies to all areas of employment, including recruitment, hiring, training, promotion, compensation, benefits, and transfers. In addition, 4Cs prohibits the harassment of any individual.

### AT-WILL POLICY

All employment at the Community Child Care Council of Sonoma County, Inc. is at-will. In other words, each employee, as well as 4Cs, is free to end the employment relationship at any time, with or without notice, with or without cause, for any reason or no reason at all. This at-will relationship can be modified only if such modification is in writing and the written modification is signed by the Executive Director.

I certify that all statements on this application are true and complete to the best of my knowledge and belief. I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

