



**COASTSIDE CHILDREN'S PROGRAMS (CCP)  
EMPLOYMENT APPLICATION**

Please Print.

Date	Last Name	First Name	Middle
Address			
City			Zip
Home Phone		Cell Phone	
Email			

**Position applying for:** \_\_\_\_\_

**Personal Information**

Have you ever applied to Coastside Children's Programs before? (circle) Yes                      No	If so, when?
Do you have friends or relatives working for Coastside Children's Programs? (circle) Yes                      No	
If so, please state name:	Relationship:
If so, please state name:	Relationship:
Please state why you are applying for work at Coastside Children's Programs:	
If hired, would you have a reliable means of transportation to and from work? (please circle) Yes                      No	
Are you at least 18 years of age? If not, hire is subject to verification that you are of minimum legal age. (please circle) Yes                      No	
If hired, can you present evidence of your US citizenship or proof of your legal right to live and work in this country? (please circle) Yes                      No	
Are you able to perform the essential functions of the job which you are applying to, either with our without reasonable accommodation? If no, describe the functions that cannot be performed. Yes                      No	
Note: we comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.	

### Education, Training, and Experience

Name of High School, College, Training Institution	# of Years Completed	Degree or Diploma?
Address		
City	Zip	

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Address		
City	Zip	

### References

Please list below 3 persons not related to you who have knowledge of your work performance.

First Name	Last Name	Phone
Phone	Email	
Occupation/Current Title & Company	# of Years Acquainted	Relationship

First Name	Last Name	Phone
Phone	Email	
Occupation/Current Title & Company	# of Years Acquainted	Relationship

First Name	Last Name	Phone
Phone	Email	
Occupation/Current Title & Company	# of Years Acquainted	Relationship

### Employment History

Please list all present and past employment starting with your most recent employer (in the last 5 years). Account for all periods of unemployment. Complete this section regardless of attaching a resume.

Name of Business		Phone
Type of Business		Supervisor's Name
Address		
City		Zip
Dates of Employment		Starting & Ending Hourly Wage/Salary
Position/Title	Reason for Leaving	
May we contact this employer for a reference? (circle)                      Yes                      No		

Name of Business		Phone
Type of Business		Supervisor's Name
Address		
City		Zip
Dates of Employment		Starting & Ending Hourly Wage/Salary
Position/Title	Reason for Leaving	
May we contact this employer for a reference? (circle)                      Yes                      No		

Name of Business		Phone
Type of Business		Supervisor's Name
Address		
City		Zip
Dates of Employment		Starting & Ending Hourly Wage/Salary
Position/Title	Reason for Leaving	
May we contact this employer for a reference? (circle)                      Yes                      No		

Name of Business		Phone
Type of Business		Supervisor's Name
Address		

City		Zip
Dates of Employment		Starting & Ending Hourly Wage/Salary
Position/Title	Reason for Leaving	
May we contact this employer for a reference? (circle)                      Yes                      No		

Name of Business		Phone
Type of Business		Supervisor's Name
Address		
City		Zip
Dates of Employment		Starting & Ending Hourly Wage/Salary
Position/Title	Reason for Leaving	
May we contact this employer for a reference? (circle)                      Yes                      No		

**Please read carefully, initial each paragraph and sign below:**

\_\_\_\_\_ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge.

\_\_\_\_\_ I hereby authorize the company to investigate my references, and to secure additional information about me, if job related. I give the employer the right to verify any educational reference given in this application. I hereby release from liability the employer and its representatives for seeking such information and all other corporations, educational institutions or organizations for furnishing such information.

\_\_\_\_\_ I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representative.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date