



MESA COMMUNITY COLLEGE

Children's Center

APPLICATION
FOR
EMPLOYMENT



PLEASE TYPE OR PRINT AND ANSWER ALL QUESTIONS
APPLICANTS MUST BE AT LEAST 16 YEARS OF AGE

Last Name		First Name		Middle Name		Date
Preferred Name		Social Security #		Home Phone		Cell Phone
Present Address		Street	City	State	Zip	How Long?
Permanent Address		Street	City	State	Zip	Email Address
Have you ever been employed by MCC? <input type="checkbox"/> YES <input type="checkbox"/> NO		If 'YES' give dates To		Driver's License Number State:		Currently Valid? <input type="checkbox"/> Yes <input type="checkbox"/> No
Position(s) held:				Location:		
Are you related to any MCCD employee? <input type="checkbox"/> YES <input type="checkbox"/> NO				If yes, name and relationship:		
Are you authorized to work and remain in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO						
How were you referred to MCC?				Are you enrolled in any child development classes? Which ones?		
Type of employment desired <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Summer		Date available		Are you willing to work in any department? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Position Desired (Be specific)				Hours Desired (If you are currently a student, please attach a copy of your class schedule)		
Have you been approved for Federal Work Study through Financial Aid? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Not Yet but have applied						
Have you ever been convicted of a crime? <input type="checkbox"/> YES <input type="checkbox"/> NO						

EDUCATION & TRAINING

	Name and Location of school	Major courses of study	Completed	Year	If graduated, give type of degree
High School			1 2 3 4		
Business School			1 2 3 4		
Technical School			1 2 3 4		
College			1 2 3 4		
Graduate School			1 2 3 4		

List Business courses taken:

Typing Speed Shorthand Speed Other skills including teaching specialties Musical instruments you can play

List Current Licenses/Professional Registrations/Certifications (Examples: Clearance Card, TB Test result, 1 st Aid and or CPR certification)	State	Expiration Date

EXPERIENCE: Start with present job or last job and list each position held with employer.

Are you employed at present?

YES NO

May we inquire to your employer?

YES NO

Employer's Name & Address

Telephone

Supervisor

Dates Employed

Positions Held

Duties

Monthly Salary

Reason for Leaving

TO

TO

TO

TO

TO

Employer's Name & Address		Telephone	Supervisor	
Dates Employed	Positions Held	Duties	Monthly Salary	Reason for Leaving
TO				
TO				
TO				
TO				
TO				

Employer's Name & Address		Telephone	Supervisor	
Dates Employed	Positions Held	Duties	Monthly Salary	Reason for Leaving
TO				
TO				
TO				
TO				
TO				

MILITARY RECORD

Branch of Service	Date of Service	Final Rank or Rate
Experience		
Do you have any reserve obligations?		
<input type="checkbox"/> YES <input type="checkbox"/> NO If 'YES', explain.		

PERSONAL REFERENCES (Give four references, 2 personal 2 professional excluding relatives.)

Name and Address	Telephone #	Occupation

PERSONAL VIEWPOINT – List below why you desire working within a day school. Include any special qualifications you have that would lend in working with children. Example: Teaching dance, baton, karate, music, crafts, etc.

MEDICAL HISTORY

<p>Name and address of personal physician.</p>

If the answer to any of the questions below is 'YES' give an explanation, including name and address of hospitals, physicians, medical practitioners, dates, symptoms and nature of treatment and advice given.

<p>YES NO</p>	<p>EXPLANATIONS</p>
<p>_____ _____ 1. Have you ever been in a hospital for observation, treatment or diagnosis? If YES, from that examination, have you any reason to believe that you are not physically able to undertake an inside position. EXPLAIN:</p>	
<p>_____ _____ 2. Have you ever been told that you had diabetes, cancer, tumor, high blood pressure or heart disease?</p>	
<p>_____ _____ 3. Have you consulted or been treated by a physician or Medical Practitioner during the last three years?</p>	
<p>_____ _____ 4. Are you now receiving treatment or taking medication of any kind?</p>	
<p>As a condition of employment you must maintain a current annual medical Report. Form #CW 109 is on file in the preschool office. You must assume your physician's fees for same.</p>	