



# PALI PRESCHOOL

UNITED CHURCH OF CHRIST • 467 N. Judd Street • Honolulu, HI 96817

## Employment Application

Position applied for: \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State zip

Telephone ( ) \_\_\_\_\_ Best time to call you \_\_\_\_\_

Social Security # \_\_\_\_\_

Are you legally eligible for employment in this country? Yes { } No [ ]

Note: If you are hired, the Immigration Reform & Control Act of 1986 requires you to produce documents about your eligibility for employment and to complete an I-9 Form.

## Educational Background

Name	City	Degree	Year Graduated
High School _____			
College _____			
Graduate _____			
Other _____			

If you are presently enrolled in school, what are you studying? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any special skills, training, or knowledge you have for this position and any other achievements you would like considered. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Employment History

Current or Last Employer

Please complete the following regarding your employment history even if you do not think the questions relate to the position you seek.

Name \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Telephone Number ( ) \_\_\_\_\_ May we contact? Yes [ ] No [ ]

Dates of employment: From \_\_\_\_\_ To \_\_\_\_\_

Position or Title \_\_\_\_\_

Name/Title of Supervisor \_\_\_\_\_

Describe job duties, responsibilities and important accomplishments. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Reason for leaving \_\_\_\_\_

\_\_\_\_\_

## Next Previous Experiences

Name \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Telephone ( ) \_\_\_\_\_ May we contact? Yes [ ] No [ ]

From \_\_\_\_\_ To \_\_\_\_\_

Position or Title \_\_\_\_\_

Name/Title of Supervisor \_\_\_\_\_

Describe job duties, responsibilities and important accomplishments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Reason for leaving \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Next Previous Experiences

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ May we contact? Yes [ ] No [ ]

From \_\_\_\_\_ To \_\_\_\_\_

Position or Title \_\_\_\_\_

Name/Title of Supervisor \_\_\_\_\_

Describe job duties, responsibilities and important accomplishments \_\_\_\_\_

\_\_\_\_\_

Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Reason for leaving \_\_\_\_\_

\_\_\_\_\_

## References

If possible, list three references not related to you and who are not previous supervisors.

	Name	Address	City	State	Zip	Telephone	Years Known
1.	_____	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____	_____

*If you have any disabilities for which you need a reasonable accommodation to perform the position you are requesting, please describe them below as well as the accommodations you suggest. You DO NOT need to describe any physical or mental conditions which would not interfere with your job performance. This information will be treated confidentially and solely for the purpose of complying with the Americans With Disabilities Act.*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I understand that I may be asked to leave if I have made any misrepresentations on this form. I authorize Pali Preschool to contact all references (including previous employers) to seek job-related information about me, and I release the church and all other persons and companies from liability for furnishing or obtaining such information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## ADDITIONAL INFORMATION

In case of emergency, who should we notify?

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone \_\_\_\_\_

Are you interested in full-time employment? Yes [ ] No [ ] Part-time? Yes [ ] No [ ] Hours \_\_\_\_\_

What age group do you prefer working with? \_\_\_\_\_ Salary Desired: \_\_\_\_\_

Would you be willing to continue your education by enrolling in courses or other training programs that may be recommended? Yes [ ] No [ ]

Do you have current fingerprints on file through a child care center? Yes [ ] No [ ]

If yes, Name of Center \_\_\_\_\_ Telephone \_\_\_\_\_

Do you have a current first aid training card? Yes [ ] No [ ] If yes, expiration date: \_\_\_\_\_

Do you have a current CPR card? Yes [ ] No [ ] If yes, expiration date: \_\_\_\_\_

Do you have a Registry Card? Yes [ ] No [ ] If yes, position qualified for: \_\_\_\_\_

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1. Tell us why you have decided to work with young children. \_\_\_\_\_

\_\_\_\_\_

2. What strengths will you bring to this school and it's students? \_\_\_\_\_

\_\_\_\_\_

3. In what ways are you seeking to grow? \_\_\_\_\_

\_\_\_\_\_

4. Where do you see yourself professionally in 3-5 years? \_\_\_\_\_

\_\_\_\_\_

5. What were some of the reasons for success in your last job? \_\_\_\_\_

\_\_\_\_\_