



An Equal Opportunity Employer

Please Print

Date Last Name First Name Middle

Present Address

No. & Street City State Zip

Permanent Address if different from present address

No. & Street City State Zip

Business Phone Home Phone Social Security Number

Employment Desired

The location(s) you are applying for:

- Folsom Location, 777 Levy Road, Folsom, CA 95630
Granite Bay Location, 8544 Auburn Folsom Road, Granite Bay, CA 96746
Natoma Station Location, 405 Natoma Station Drive, Folsom, CA 95630

Position applying for:

Are you applying for:

- Regular full-time work?
Regular part-time work?
Temporary work, e.g., summer or holiday work?

Which Core Early Childhood Education Units have you completed?

- Infant Care & Development (3 units)
Child, Family & Community (3 units)
Child Development (3 units)
Program or Curriculum Class (3 units)
Other

Do you have any schedule restrictions?

If applying for temporary work, during what period of time will you be available?

From:

Are you available for work on weekends?

Would you be available to work overtime, if necessary?

If hired, on what date can you start work?

Salary desired:

**Personal Information**

Have you ever applied to or worked for Brighton Schools before? .....  Yes  No

If yes, when? \_\_\_\_\_

Do you have any friends or relatives working for Brighton Schools .....  Yes  No

If yes, state name(s) and relationship:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

Why are you applying for work at Brighton Schools?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If hired, would you have a reliable means of transportation to and from work? .....  Yes  No

Are you at least 18 years old? .....  Yes  No

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? .....  Yes  No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? .....  Yes  No

If no, describe the functions that cannot be performed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Brighton Schools programs operate in a variety of weather, time and location situations. Staff may be required to perform duties other than their primary duties or at a different Brighton location. Are you willing and able to perform such duties, when needed?.....  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.)

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? (Convictions for marijuana-related offenses that are more than two years old need not be listed.) .....  Yes  No

If yes, state nature of the crime(s), when and where convicted and disposition of the case.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Are you currently or have you ever possessed an exemption from the State of California, Department of Social Services? .....  Yes  No

Are you currently employed? .....  Yes  No

If so, may we contact your current employer? .....  Yes  No

**Education, Training and Experience**

School	Name and Address	No. of years Completed	Did you Graduate?	Degree or Diploma
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**High School** \_\_\_\_\_  Yes  No \_\_\_\_\_  
 Name  
 \_\_\_\_\_  
 Address  
 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**College/ University/** \_\_\_\_\_  Yes  No \_\_\_\_\_  
 Name  
 \_\_\_\_\_  
 Address  
 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Do you have a degree in early childhood education.....  Yes  No If yes, what? \_\_\_\_\_

Do you have any other experience, training, qualifications or skills which you feel make you especially suited for work at Brighton Schools .....  Yes  No

If so, please explain:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Do you have any of the following emergency medical treatment certifications:

- CPR Expires: \_\_\_\_\_
- First Aid Expires: \_\_\_\_\_
- Other \_\_\_\_\_ Expires: \_\_\_\_\_

Answer the following questions if you are applying for a professional position:

Are you licensed/certified for the job applied for? .....  Yes  No

Name of license/certification: \_\_\_\_\_

Issuing state: \_\_\_\_\_

License/certification number \_\_\_\_\_

Has your license/certification ever been revoked or suspended? .....  Yes  No

If yes, state reason(s), date of revocation or suspension and date of reinstatement.

\_\_\_\_\_  
 \_\_\_\_\_

**Employment History**

List below all present and past employment starting with your most recent employer (last five years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

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Name of Employer	( ) _____ Telephone No.
Type of Business	Your Supervisor's Name
Address & Street	City State Zip
Date of Employment: ____/____/____ From To	Weekly Pay: _____ Starting Ending
Your Position and Duties	
Reason for Leaving	
May we contact this employer for a reference? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	

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Name of Employer	( ) _____ Telephone No.
Type of Business	Your Supervisor's Name
Address & Street	City State Zip
Date of Employment: ____/____/____ From To	Weekly Pay: _____ Starting Ending
Your Position and Duties	
Reason for Leaving	
May we contact this employer for a reference? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	

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Name of Employer	( ) _____ Telephone No.
Type of Business	Your Supervisor's Name
Address & Street	City State Zip
Date of Employment: ____/____/____ From To	Weekly Pay: _____ Starting Ending
Your Position and Duties	
Reason for Leaving	
May we contact this employer for a reference? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Employment History, continued**

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Name of Employer	( ) _____ Telephone No.
Type of Business	Your Supervisor's Name
Address & Street	City State Zip
Date of Employment:    ___/___/___    ___/___/___ From                      To	Weekly Pay:    _____    _____ Starting                      Ending
Your Position and Duties	
Reason for Leaving	
May we contact this employer for a reference? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	

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Name of Employer	( ) _____ Telephone No.
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Address & Street	City State Zip
Date of Employment:    ___/___/___    ___/___/___ From                      To	Weekly Pay:    _____    _____ Starting                      Ending
Your Position and Duties	
Reason for Leaving	
May we contact this employer for a reference? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	

Within the last five years, have you been fired from any job for any reason? .....  Yes  No

Within the last five years, have you quit a job after being notified that you would be fired?.....  Yes  No

Note: Attach additional page(s) if necessary.

**Military Service**

Have you obtained any special skills or abilities as the result of service in the military? .....  Yes  No

If so, describe:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**Student Teacher/ Co- Teacher**

Current Credential Teacher Program : \_\_\_\_\_

From which institution or college: \_\_\_\_\_ Subject Area: \_\_\_\_\_

On what date will you graduate with your CA State Credential? \_\_\_\_\_

Will you need to complete student teaching prior to this date? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what are the dates you anticipate to be completing your student teaching? \_\_\_\_\_

Are you attending classes that would conflict with a full time, Monday- Friday schedule? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what is your current class schedule: \_\_\_\_\_

\_\_\_\_\_

**Student Teaching Experience**

Grade/ Subject	Name/ Address of School	College Instructor/ Mentor Teacher
_____	_____	_____
_____	_____	_____

Have you passed the CBEST \_\_\_\_\_ Yes \_\_\_\_\_ No

**Credentials**

Please list all subjects/ areas in which you hold a credential including out of state credentials. Brighton Schools require a valid a California credential in order to teach in our Private Elementary program.

**California Credentials Currently Held**

Type	Subject Areas	Date Issued	Expires
_____	_____	_____	_____
_____	_____	_____	_____

**Out of State Credentials Currently Held**

Type	Subject Areas	Date Issued	Expires
_____	_____	_____	_____
_____	_____	_____	_____

Has your credential ever been suspended or revoked? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_

Have you ever been professionally disciplined in any state? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please complete each question with as much detail as possible.

1.) Please rank your overall skill sets from high to low (13 is the lowest):

- \_\_\_\_\_ Customer Service
- \_\_\_\_\_ Licensing regulations
- \_\_\_\_\_ Training and staff development
- \_\_\_\_\_ Parent/ customer relationships
- \_\_\_\_\_ Staff relationships
- \_\_\_\_\_ Curriculum knowledge and implementation
- \_\_\_\_\_ Developmental milestones
- \_\_\_\_\_ Age appropriate practices
- \_\_\_\_\_ Fiscal control (budgets, financial oversight of all recievables)
- \_\_\_\_\_ Office organization
- \_\_\_\_\_ Communication skills (writing and speaking)
- \_\_\_\_\_ Leadership (moving whole staff towards high level goals)
- \_\_\_\_\_ Teamwork (working with all staff, in any situation together)

2.) What are your long – term professional goals?

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3.) What makes you a good administrator?

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4.) What kinds of activities do you complete for Professional Development?

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5.) What is the number one best attribute you would bring to Brighton?

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