



TEACHER & TEACHER ASSISTANT APPLICATION

Application Date: ____/____/____

Date Available: ____/____/____

PERSONAL INFORMATION

Last Name _____ First Name _____ Middle Name _____

Street Address _____

City _____ State _____ Zip _____

Email _____ Phone Number _____

Are you 16 years of age or older? Yes No (For staff under age 18, a work permit is required)

Can you, upon employment, submit verification of your legal right to work in the U.S. and documentation verifying your identity? Yes No

Have you ever been convicted of a crime (except minor traffic violations)? Yes No

Applicant may omit any convictions that have been sealed, expunged or eradicated. In addition, any convictions for the possession of marijuana that are more than two (2) years old, and any information concerning a referral to and participation in any pretrial or post trial diversion program may also be omitted

If yes, please list convictions that are a matter of public record except as stated above:

Arrests are not convictions. No applicant will be denied employment solely on the ground that he/she has been charged with, committed, or convicted of [or pleaded guilty or no contest to] a criminal offense. The nature surrounding the circumstances and relevance of the offense to the position(s) applied for will be considered

DESIRED POSITION

Position Applying For _____

How did you learn about the position for which you are applying? _____

AVAILABILITY

Full time Part time I would also be available to Substitute (On-Call Position): Yes No

Are you willing to work at any other Sunshine School locations (located within 5 miles of each other)? Yes No

Please, tell us your weekly availability:

	Monday	Tuesday	Wednesday	Thursday	Friday
From					
To					

EDUCATION

	Name & Location of School	Graduated Yes/No	Date of Graduation	Degree/Diploma
High School				
College (Undergraduate)				
Graduate School				
Early Childhood Education Units				

PROFESSIONAL EXPERIENCE

(Provide accurate, complete employment record. Start with present or most recent employer)

	Employer Name	Address & Phone Number	Employed Dates	Position Title	Salary	Reason for Leaving
1						
2						
3						

PERSONAL REFERENCES

	Name	Relationship	Years Acquainted	Phone Number	Email Address
1					
2					
3					

APPLICANT'S STATEMENT

Sunshine School is an equal opportunity employer. Please read the following statement carefully.

I declare under penalty of perjury that I personally completed this application and that, to the best of my knowledge, the information contained in this application is true and complete. I understand that any false information or significant omissions may disqualify me from further consideration of employment and, in the event I become employed, may result in the termination of my employment if discovered at a later date. I understand and agree that nothing contained in this application is intended to create employment contract between me and Sunshine School. I also understand and agree that if I am hired, my employment with Sunshine School will be at will, and may be terminated by either me or Sunshine school at any time, with or without cause or advance notice. I understand that no promises or representations to the contrary will be binding on Sunshine School unless made in writing and signed by both me and the principals of Sunshine School.

Applicant Signature _____

Date _____