



ASSOCIATED  
STUDENTS  
INC, SFSU

## Early Childhood Education Center

1650 Holloway Avenue, CCSC M-102  
San Francisco, CA 94132  
(415) 338-2403 Fax (415) 338-0511



Semester applying for: Fall Spring 20\_\_\_\_

Date \_\_\_\_\_

### 1. Personal Information

NAME (Last First Middle)		Date of Birth
LOCAL ADDRESS, CITY, ZIP CODE		E-MAIL ADDRESS
PERMANENT MAILING ADDRESS, CITY, STATE, ZIP CODE		Student ID
PHONE (Area Code & No.) Cell:	PHONE (Area Code & No.) Home:	ETHNICITY (optional)

### 2. Work Experience (List most recent first, including relevant volunteer work and internships. Attach resume if possible.)

Are you legally eligible for employment in this country?  Yes  No

EMPLOYER NAME and LOCATION	POSITION and DUTIES	FROM	TO

### 3. Education

Child Development Permit?  Yes Level:  No CPR/First aid  Yes  No

Early Childhood Education (ECE) and/or Child Development (CD) completed (**attach unofficial transcripts**):

COURSE No.	TITLE	SCHOOL, LOCATION	UNITS	DATE COMPLETED

**4. References**

NAME	ADDRESS, PHONE	RELATIONSHIP

**5. Student Status**

What is your current class level?     Freshman     Sophomore     Junior     Senior     Graduate

Attach a copy of your current class schedule.

What is your major? \_\_\_\_\_

Please indicate the times and days you plan to be available to work:

	Monday	Tuesday	Wednesday	Thursday	Friday
7:30 a.m.-12:30p.m.	_____	_____	_____	_____	_____
12:30p.m.- 5:30p.m.	_____	_____	_____	_____	_____

If a regular position is not available, do you want to be on our sub list?     Yes     No

Date of last physical examination    \_\_\_\_\_

Date of last TB shot    \_\_\_\_\_

**6. Other Information**

This position requires the ability to maintain visual and auditory supervision of children at all times. In addition, employees need to lift, carry, and hold children up to 50 pounds in weight. They will also need to stoop, crawl, kneel, and bend to speak and play with children at eye level, as well as pick up toys and equipment from the floor.

A. DO YOU HAVE ANY PHYSICAL CONDITION WHICH MAY LIMIT YOU TO PERFORM THESE TASKS?

No     Yes (Explain in the space provided)

B. Has your diver's license ever been suspended or revoked?

No     Yes (Explain in the space provided)

I hereby certify that the above statements are true and give my permission for any necessary verification:

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

OFFICE USE:

Reviewed by: \_\_\_\_\_

Hire Date: \_\_\_\_\_

NOTES: