



# Science Smart Kids

Science Smart Kids Inc. is an equal opportunity employer

Name: Last	First	Email	Telephone ( )
Address			Social Security Number
Have you ever been employed under a different name? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please list all names used.			
Do you possess a valid CA driver's license? Yes <input type="checkbox"/> No <input type="checkbox"/>		Has your license ever been suspended or revoked? Yes <input type="checkbox"/> No <input type="checkbox"/>	
CA Driver's License #:		If yes, please explain on back of form.	
Emergency Contact:		Telephone Number	Relationship
(List most recent experience first. If additional space is needed, attach a separate page.)			

NAME AND ADDRESS OF EMPLOYER	TELEPHONE NUMBER	JOB TITLE AND TYPE OF WORK	REASON FOR LEAVING	DATES	
				FROM	TO

Do you have a current CA teaching credential? yes      no	Are you currently enrolled in a college degree/ credential program? Y / N If yes, please list name of college, degree/ credential, and major.

**3. EDUCATION**

NAME UNIVERSITY, COLLEGE OR BUSINESS SCHOOL AND ADDRESS	MAJOR SUBJECT	NO. OF YRS. COMPLETED	NO. OF UNITS COMPLETED	DIPLOMA DEGREE OR CERTIFICATE earned

**4. REFERENCES**

NAME	ADDRESS	TELEPHONE NUMBER	RELATIONSHIP TO YOU (FRIEND, EMPLOYER, ETC.)

**5. Sexual Abuse or Molestation or other Crimes**

- |            |           |   |
|------------|-----------|---|
| <b>YES</b> | <b>NO</b> | Have you had any claims, allegations, or charges of abuse, molestation, or sexual misconduct?     |
| <b>YES</b> | <b>NO</b> | Do you have a criminal record? If yes, you must explain in detail and attach to this application. |
| <b>YES</b> | <b>NO</b> | Have you been fingerprinted/background checked for this organization (Science Smart Kids Inc)?    |
| <b>YES</b> | <b>NO</b> | Have you been fingerprinted/background checked for another organization? If so, list: _____       |
| <b>YES</b> | <b>NO</b> | Do you understand that suspected child abuse must be reported to the owner and law enforcement?   |
| <b>YES</b> | <b>NO</b> | Do you understand that adult is never to be alone with one youth?                                 |
| <b>YES</b> | <b>NO</b> | Do you understand that two staff members must be with children at all times.                      |
| <b>YES</b> | <b>NO</b> | Do you understand that no adult shall be in the restroom with children.                           |

**6. PROFESSIONAL AND TECHNICAL QUALIFICATIONS**

A. List licenses, Certificates of Competence, and Credentials Held:	
B. Names of Professional Associations of which you are a member:	
C. NOTES:	
<i>I hereby certify under penalty or perjury that the above statements are true and correct. I give my permission for any necessary verification.</i>	
SIGNATURE OF EMPLOYEE	DATE