

Associated Students  
**Children's School**  
 (707) 664-2230 phone  
 (707) 664-4150 fax  
 1801 E. Cotati Ave.  
 Rohnert Park, CA 94928

[childrens.school@sonoma.edu](mailto:childrens.school@sonoma.edu)  
<http://childrens-school.sonoma.edu/>

Office Use
Interview Date:
Date of Hire:
Starting Pay Rate:

## Application for Employment

<b>DATE:</b>			<b>SEMESTER APPLYING:</b>			Do you have a work/study grant?	
First Name		Last Name		Middle Initial		<input type="checkbox"/> yes <input type="checkbox"/> no If yes, what amount?	
Email		Cell phone		Student ID #		<b>Fall</b> <b>Spring</b>	
Local Mailing Address			City			Zip	
Position for which you are applying:							
Interested in working...(check all that apply)							
<input type="checkbox"/> in the office		<input type="checkbox"/> in the classroom		<input type="checkbox"/> in the garden		<input type="checkbox"/> in the kitchen	
Age group you are interested in working with:		<input type="checkbox"/> 1-2 years		<input type="checkbox"/> 2-3 years		<input type="checkbox"/> 3-5 years	
Are you interested in working:		<input type="checkbox"/> Summer		<input type="checkbox"/> Winter Intersession			

### Completed Coursework in Early Childhood Education

1. Course Title	Units Completed	Grade
2. Course Title	Units Completed	Grade
3. Course Title	Units Completed	Grade
4. Course Title	Units Completed	Grade
<b>Education</b>		
Year in School:		
Current Major		

### Availability

	7:30-8:00	8:00-9:00	9:00-10:00	10:00-11:00	11:00-12:00	12:00-1:00	1:00-2:00	2:00-3:00	3:00-4:00	4:00-5:00	5:00-5:30
Monday											
Tuesday											
Wednesday											
Thursday										Mandatory Staff Meeting	
Friday											

Please place an "X" in the spaces when you are available to work. The Thursday Meeting is mandatory.

**Please write a statement below in your own handwriting describing your experiences with children, gardening, office, or kitchen work and what your goals are for the future.**

I certify that all statements on this application and any materials which I submit in support of my application are true and compete to the best of my knowledge and belief and acknowledge that any misstatement of material fact may subject me to disqualification or dismissal. I hereby grant permission to check any reference deemed necessary and authorize my prior employers, educational or training institution attended, or references whom I name during the application process to release information which may be material to my qualification for employment.

I understand that, if selected for a position at the Children's School, I will be required to complete fingerprint clearances, a pre-employment physical examination to verify my ability to perform the duties of the position, TB clearance and other documents and will, if appropriate, submit verification of my legal right to work in the United States.

Signature: \_\_\_\_\_ Student ID#: \_\_\_\_\_ Date: \_\_\_\_\_

Comments/Notes: (Office Use)