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**RECORD OF EDUCATION**

School: \_\_\_\_\_ Location: \_\_\_\_\_ Diploma/Cert/Degree Yes  No  Type \_\_\_\_\_

School: \_\_\_\_\_ Location: \_\_\_\_\_ Diploma/Cert/Degree Yes  No  Type \_\_\_\_\_

Are you currently enrolled in school? Yes  No  School: \_\_\_\_\_ Type: \_\_\_\_\_

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Have you ever been employed by this facility? Yes  No

If yes, give position(s) and dates employed: Position: \_\_\_\_\_ Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Position: \_\_\_\_\_ Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

**EMPLOYMENT HISTORY**

1. Employer: \_\_\_\_\_ Street Address: \_\_\_\_\_

Phone: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ If still employed, may we contact this employer? Yes  No

Job Title: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

2. Employer: \_\_\_\_\_ Street Address: \_\_\_\_\_

Phone: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ If still employed, may we contact this employer? Yes  No

Job Title: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

3. Employer: \_\_\_\_\_ Street Address: \_\_\_\_\_

Phone: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ If still employed, may we contact this employer? Yes  No

Job Title: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Comments regarding lapses in employment history, if applicable: \_\_\_\_\_

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**PLEASE READ BEFORE SIGNING:**

I hereby state that the information given by me in this application is true in all respects. I agree that, if I am employed and there are found to be any omissions, misrepresentations, or falsifications in the information provided, I will be subject to dismissal without notice at any time. I hereby authorize my former employers to release information pertaining to my work record, my work habits, and my work performance while in their employ.

I understand that any offer of employment is contingent upon passing a job-related physical exam. I understand that fingerprinting for purposes of a criminal record clearance is a condition of employment, and is required.

The corporation has a policy of no tolerance for drug and alcohol possession and/or use at the work site. The corporation will strive to maintain a work place that is totally free from the effects of drug and alcohol abuse. Employees who are reasonably suspected of being under the influence of drugs, narcotics, or alcohol while working may be subject to drug testing. This corporation reserves the right to inspect any and all packages brought into or removed from any of our facilities or buildings.

I understand and agree that, if I am offered employment by the facility, my employment will be at will, for no definite term and that either I, or the facility, will have the right to terminate the employment relationship at any time, with or without cause.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**Mountain View Child Care, Inc.  
Applicant Skills Questionnaire**

**APPLICANT:** The purpose of this questionnaire is to obtain more information about your training and work experience.

Name: \_\_\_\_\_ Position applying for: \_\_\_\_\_

**All applicants:**

Computer Skills: \_\_\_\_\_

Typing: Approximate WPM: \_\_\_\_\_

Do you speak/write any languages other than English? Yes  No

If so, please indicate which language(s): \_\_\_\_\_ Speak  Write  Both   
 \_\_\_\_\_ Speak  Write  Both

**Clinical Applicants:**

Current license or certification (please circle): RN LVN CNA RCP

If you have more than one of these during your medical career please indicate here: RN LVN CNA RCP

**Please indicate length of experience in each category:**

RN: \_\_\_\_\_ LVN: \_\_\_\_\_ CNA: \_\_\_\_\_ RCP: \_\_\_\_\_

**Where did you receive your training? When did you qualify for this license or certification?**

Type of License/Certification: \_\_\_\_\_ School/Training Site: \_\_\_\_\_ City/State: \_\_\_\_\_

Date Completed: \_\_\_\_\_ Date Licensed: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ License/Cert. # \_\_\_\_\_

Type of License/Certification: \_\_\_\_\_ School/Training Site: \_\_\_\_\_ City/State: \_\_\_\_\_

Date Completed: \_\_\_\_\_ Date Licensed: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ License/Cert. # \_\_\_\_\_

Type of License/Certification: \_\_\_\_\_ School/Training Site: \_\_\_\_\_ City/State: \_\_\_\_\_

Date Completed: \_\_\_\_\_ Date Licensed: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ License/Cert. # \_\_\_\_\_

Has your licensing board ever taken disciplinary action or revoked your license? Yes  No

If so explain: \_\_\_\_\_

Prior to applying for this position, have you worked before with developmentally disabled residents? Yes  No

Prior to applying for this position, have you worked before with the pediatric population? Yes  No

If yes, please indicate below.

	Where	Position	Length of Time	Dev. Disabled/Pediatrics
1.				<input type="checkbox"/> <input type="checkbox"/>
2.				<input type="checkbox"/> <input type="checkbox"/>
3.				<input type="checkbox"/> <input type="checkbox"/>

**Please indicate other areas of training and experience during your nursing career.  
CIRCLE AND DATE:**

1. Acute Care Hospital
2. Convalescent Hospital
3. Intensive Care Unit
4. Cardiac Care Unit
5. Hospice Care
6. Pediatric Care
7. CPR Certification
8. MRSA Care
9. Trach Care
10. GT Insertion and Stoma Care
11. Respiratory Care
12. Enteral Feedings
13. Arrhythmia Recognition and Treatment
14. Residents Rights
15. Emergency Trauma
16. IV Therapy
17. Home Health
18. ACLS Certified
19. CEN Certified
20. Coronary Care
21. Other: \_\_\_\_\_

**Are you currently enrolled in a training program related to your nursing career?  
Please indicate:** \_\_\_\_\_





# Mountain View Child Care, Inc. Applicant Identification Record

TO THE APPLICANT: The information requested on this form is required by the regulations of the Department of Fair Employment and Housing.

The employers in the State of California are required to maintain these records for a period of two years. For your protection, the employers are ordered to store the records in a different location away from your application.

This information is for data purposes only, and is voluntary on your part.

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Date: \_\_\_\_\_

Position Applied for: \_\_\_\_\_

### Please Check One

Native American \_\_\_\_\_

African American \_\_\_\_\_

Asian \_\_\_\_\_

Caucasian \_\_\_\_\_

Hispanic\* \_\_\_\_\_

Filipino \_\_\_\_\_

Polynesian \_\_\_\_\_

Mexican American \_\_\_\_\_

Other \_\_\_\_\_

Specify: \_\_\_\_\_

\* Hispanic: Those individuals who originate from Mexico, Central and South American countries, Cuba and Puerto Rico.