



## Mardan Foundation of Educational Therapy, Inc.

### APPLICATION FOR EMPLOYMENT

#### PLEASE PRINT

Name \_\_\_\_\_ Date \_\_\_\_\_  
Last First Middle

Present Address: \_\_\_\_\_  
Street # City State Zip # years

Permanent Address: \_\_\_\_\_  
Street # City State Zip # years

Are you 18 years of age or older? Yes \_\_\_\_\_ No \_\_\_\_\_ Email Address: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Home Telephone Number: \_\_\_\_\_

Name, address, and phone number of person to be notified in case of emergency or accident:

Social Security Number: \_\_\_\_\_ Gender: \_\_\_\_\_

Are you presently employed? \_\_\_\_\_ May we contact your present employer? \_\_\_\_\_

Position applied for \_\_\_\_\_ Date you can start \_\_\_\_\_

Full time \_\_\_\_ Part time \_\_\_\_ work If part time, please specify days and hours available: \_\_\_\_\_

Please state reason you desire part time work (if applicable):

Have you ever worked for Mardan before? \_\_\_\_\_ If yes, please specify dates of employment and job title:

Do you have any relatives presently working for this company? \_\_\_\_\_ If so, give name(s) \_\_\_\_\_

Can you submit verification of your legal right to work in the United States? \_\_\_\_\_

You will be required to submit fingerprints to the CA Dept. of Justice and FBI and have them cleared prior to actual employment. CA law prohibits individuals with criminal history from working at a school. Please disclose any criminal history that is a bar to employment:

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EDUCATIONAL INSTITUTION EMPLOYMENT HISTORY

California Senate Bill 848 (SB 848) and related Education Code § 44051 requires private schools to investigate if job applicants were subject to credible complaints or substantiated investigations of "egregious misconduct."

Please provide the following information for EVERY educational institution you have worked for. Attach a separate sheet if you have worked at more that four educational institutions. Applications with incomplete information **CANNOT** be considered.

Educational Institution	Address	Dates Worked	Reason For leaving

HR Contact Name::

Contact Phone:

Contact Email:

Educational Institution	Address	Dates Worked	Reason For leaving

HR Contact Name::

Contact Phone:

Contact Email:

Educational Institution	Address	Dates Worked	Reason For leaving

HR Contact Name::

Contact Phone:

Contact Email:

Educational Institution	Address	Dates Worked	Reason For leaving

HR Contact Name::

Contact Phone:

Contact Email:

**EMPLOYMENT HISTORY:** List below all present and past employment, **OTHER THAN EDUCATIONAL INSTITUTIONS** previously disclosed, beginning with your most recent. Applications with incomplete information cannot be considered:

Company Name	from/to	Job Title	Supervisor	Reason For leaving

Company Address: \_\_\_\_\_

Supervisor Phone: \_\_\_\_\_

Supervisor Email: \_\_\_\_\_

Company Name	from/to	Job Title	Supervisor	Reason For leaving

Company Address: \_\_\_\_\_

Supervisor Phone: \_\_\_\_\_

Supervisor Email: \_\_\_\_\_

Company Name	from/to	Job Title	Supervisor	Reason For leaving

Company Address: \_\_\_\_\_

Supervisor Phone: \_\_\_\_\_

Supervisor Email: \_\_\_\_\_

Company Name	from/to	Job Title	Supervisor	Reason For leaving

Company Address: \_\_\_\_\_

Supervisor Phone: \_\_\_\_\_

Supervisor Email: \_\_\_\_\_

**RECORD OF EDUCATION**

Name and Address of High School	Course of Study	Did you graduate?	Degree obtained	Number of years completed
College				
Other (specify)				
Other (specify)				

**CERTIFICATIONS AND CREDENTIALS**

Name of Sponsoring Body	Certificate Title	Issuance Date	Expiration Date

List three personal references. (Not former employers or relatives)

Name	Address	Email	Telephoner:	How do you know this individual

**Please list any other experiences, skills, or qualifications which you feel would qualify you to work for this company:**

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**Are you, or have you been active in business, professional, civic or social organizations? You may exclude those which indicate your race, religious creed, color, disability, marital status, national origin, ancestry, sex, or age.**

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**PLEASE READ THE FOLLOWING CAREFULLY AND SIGN IN THE DESIGNATED PLACES, IF APPLICABLE:**

The facts set forth above in my application for employment are true and complete. I understand that if employed, false or misleading statements or omissions on this application may lead to my dismissal at any time. I give the company permission to contact all present or former employers and I authorize investigation of all statements contained in this application form, as well as, my employment and personal history for purposes of potential employment.

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Signature

Date

I understand that if I become employed by the company that such employment is for no fixed term. I acknowledge that employment is with the mutual consent of myself and the company. I may voluntarily quit at any time and the company may terminate the employment relationship at any time, with or without advance notice, warning, or reason.

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Signature

Date