VDA Inc.

Providing Quality Preschools

Employment Application

Date: _____

VDA Inc. is an Equal Employment Opportunity Employer and considers all applicants without regard to race, color, religion, sex, gender identity, sexual orientation, national origin, age, disability, veteran status, or any other protected characteristic under applicable law.

Position Information

Position(s) Applying for: _____

☐ Full-Time
☐ Part-Time
☐ Substitue

Availability: _____

Applicant Information

Please list your legal name.

Name: _____
Last First MI

Address: _____
Street City State Zip Code

Home Phone: ( ) _____ Message Phone: ( ) _____

E-Mail Address: _____

Are you over 18 years of age? ☐ Yes ☐ No Can you show proof of age? ☐ Yes ☐ No

If hired, can you provide proof of your identity and legal authorization to work in the United States?
☐ Yes ☐ No

Background Check Requirement

California Education Code requires all employees to undergo fingerprinting/background check (DOJ Live Scan) after a conditional offer of employment is made.

Do you understand that continued employment is contingent upon successfully completing this background check? ☐ Yes ☐ No

Job Requirements

Are you able to perform the essential job functions for which you are applying with or without reasonable accommodation? ☐ Yes ☐ No

Note: VDA Inc. complies with the Fair Employment and Housing Act (FEHA) and the Americans with Disabilities Act (ADA) and will consider reasonable accommodations for qualified applicants.

If a conditional offer of employment is made, are you willing to submit to a drug and alcohol test as a condition of employment? ☐ Yes ☐ No

Education Record - *High School Diploma or equivalent required.*

School	Name/City/State	Major	Diploma(s)
High School			
College/Trade School			

Application Continued on the back (flip page over)

Work Experience

Show your present job first, list all others in reverse order. Use a separate block for each job.

Employers Name and Address	Date of Employment	Supervisor Name/Phone	Job Title	Reason for Leaving

Personal References: (Non-Relatives)

Name Address City State Zip Code

Phone Number Occupation

Name Address City State Zip Code

Phone Number Occupation

List any other information you feel is pertinent to this application (skills, certifications, equipment, languages, etc.)

Emergency Contact

Name Relationship ( ) Phone Number

Applicant Statement and Agreement

Please read and initial each paragraph below. If there is anything that you do not understand, please ask.

_____ I hereby authorize VDA Inc. (the Company) to thoroughly investigate my references, work record, education, and other matters related to my suitability for employment (excluding criminal background information) unless otherwise specified above. I further authorize the references I have listed to disclose to the Company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships, and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____ I understand that if a conditional offer of employment is made, I will be required to submit any necessary proficiency certificates, fingerprinting/background through DOJ Live Scan, TB examination, and an Employment Eligibility Verification.

_____ In the event of my employment with the Company, I understand that I am required to comply with all rules and regulations of the Company.

_____ If hired, I understand and agree that my employment with the Company is at-will, and that neither I, nor the Company is required to continue the employment relationship for any specific term. I further understand that the Company or I may terminate the employment relationship at any time, with or without cause, and with or without notice. I understand that the at-will status of my employment cannot be amended, modified, or altered in any way by any oral modifications.

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification Form I-9 upon hire.

The Company will consider qualified applicants, including those with criminal histories, in a manner consistent with state and local Fair Chance laws.

Signature

MY SIGNATURE BELOW ATTESTS TO THE FACT THAT I HAVE READ, UNDERSTAND, AND AGREE TO ALL OF THE ABOVE TERMS.

Applicant Signature Date